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ORIGINAL ARTICLES

Pulmonary Tuberculosis—The Relative Parts Played by Heredity and Infection—Should the Disease be a Notifiable One?

By Harry Lane, M. D.,
Portland, Oregon.

Read before the Oregon State Medical Society, September 25, 1901.

In justice to myself, I wish to say that a few days ago I received by mail a handsome yellow folder, which, after mastering the intricacacies of its unfolding, I found to be a program of the present meeting of this society. Having been born with a rather curious and prying turn of mind, I read it. Imagine my surprise and joy, if you can, on finding that I was scheduled to appear before this society and participate (with other eminent gentlemen) in what was termed a symposium upon the subject of tuberculosis, the part allotted to me being the highly entertaining and amusing one of the "relative parts played by heredity and infection," with the additional momentous proposition as to whether the disease should be a notifiable one or not.

I looked the programme over a second time to see whether by any mistake the printer, in a spirit of absentmindedness, had set me up for some other gentleman's subject. But not so, the printer was duly sober, and I found myself elected to participate in this verbal feast of reason, called a symposium, and the cinch, so to speak, was well fitted and properly applied to me, and to me alone.

Having thus gotten myself located, it became my duty to deliver the goods, i. e., of course, if I could.

When a man's life is at stake before the courts of law in this country, he is tried by a jury of his peers. In the selection of such a jury, it has become the custom to select only those who are willing to make oath that they know nothing of the merits, or facts, involved in the case. Also, as near as they can do so, they select such men for such jury as one of our eminent statesman once put it, "who know nothin' about nothin'." Whether we have some lawyers secreted upon our committee of arrangements or not I do not know, but in my case they seem to have followed the rule of law.

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However, be that as it may, having found myself thus forced to write a paper upon a subject for which I was totally unprepared, being, as it were, first bound and then raped from my humble privacy, by "Allah-al-mummit" the revenge shall be mine, and mine alone, for I shall write the paper, and read it, and, moreover, this same committee of arrangements shall listen to it.

Like the average juror, I approach the compound subject with a mind perfectly unbiased, and you may rest assured that my findings shall come to you unprejudiced. The disease known as tuberculosis is, so to speak, the king of all diseases. It is man's greatest enemy. It causes more deaths annually than do wars, or pestilence, yet so intent is the average man upon his own affairs, that it is only within the past few years that he has begun to look about him for means to protect himself from the approach of this, his most malignant enemy.

Thinking that it might be of interest to you, and with a view of bringing home to you the importance of this disease as it exists in your midst, I have gone over the records of the health office for this city, and have listed the deaths as they are reported, segregating those which have been caused by pulmonary tuberculosis. In making up these tables I have excluded all forms of tuberculosis excepting the pulmonary type, and, from the general footings, I have counted out such deaths as were classified under the heading of still-births and premature births. These tables, taken from each and every month for a period of ten years from June 1st, 1891, to May 31st, 1901, inclusive, show that an annual death rate from this disease prevails here varying from 12 per cent. to 17 per cent., giving a general average of about 13 per cent. for that length of time. The footings are as follows:

Deaths, total number, all causes; deaths due to pulmonary tuberculosis:

Pulmonary tuberculosis.		Total deaths.	
A. D. 1891—			
June	10	June	47
July	8	July	78
August	10	August	97
September	6	September	91
October	8	October	77
November	9	November	62
December	12	December	88
	63		540
A. D. 1892—			
January	10	January	82
February	11	February	73
March	9	March	88
April	14	April	69
May	7	May	71
June	8	June	67
July	13	July	96
August	11	August	106
September	5	September	57
October	6	October	61
November	8	November	66
December	8	December	74
	110		910
A. D., 1893—			
January	8	January	74
February	10	February	78
March	13	March	79
April	15	April	80
May	13	May	89
June	14	June	71
July	10	July	70
August	10	August	97
September	12	September	109
October	6	October	75
November	15	November	92
December	10	December	86
	136		1000
A. D., 1894—			
January	23	January	97
February	1	February	55
March	14	March	95
April	18	April	82
May	12	May	68
June	66	June	66
July	10	July	81
August	12	August	78

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September	9	September	76
October	6	October	72
November	9	November	65
December	8	December	49
	145		884
A. D., 1895—		January	97
January	16		
February	16	February	72
March	11	March	78
April	7	April	80
May	16	May	66
June	14	June	70
July	10	July	74
August	5	August	85
September	5	September	76
October	13	October	62
November	6	November	65
December	13	December	70
	122		895
A. D., 1896—			
January	15	January	66
February	16	February	81
March	1	March	80
April	11	April	75
May	11	May	78
June	9	June	68
July	3	July	77
August	6	August	87
September	7	September	70
October	9	October	82
November	11	November	71
December	5	December	64
	111		893
A. D., 1897—			
January	7	January	88
February	6	February	56
March	6	March	81
April	13	April	76
May	8	May	69
June	7	June	64
July	7	July	75
August	7	August	52
September	8	September	48
October	6	October	76
November	8	Novemoer	69
December	7	December	43
	95		775
A. D., 1898—			
January	9	January	63
February	10	February	63
March	9	March	79
April	12	April	76
May	10	May	78
June	8	June	49
July	7	July	59
August	11	August	64
September	9	September	76
October	7	October	79
November	7	November	71
December	8	December	83
	107		840
A. D., 1899—			
January	12	January	84
February	9	February	91
March	9	March	81
April	15	April	81
May	9	May	73
June	8	June	72
July	5	July	54
August	8	August	56
September	11	September	73
October	6	October	71
November	8	November	47
December	7	December	72
	107		855
A. D. 1900—			
January	4	January	60
February	10	February	61
March	10	March	84
April	9	April	[illegible]
May	16	May	82
June	9	June	68
July	14	July	76
August	10	August	65
September	9	September	87
October	4	October	68
November	10	November	87
December	7	December	88
	108		908
A. D. 1901—			
January	5	January	102
February	16	February	109
March	16	March	131
April	6	April	92
May	12	May	91
	55		525

Total, June, 1891, to May, 1901.		Total, June, 1891, to May 31, 1901.	
A. D., 1891	63	A. D., 1891	549
A. D., 1892	110	A. D., 1892	910
A. D., 1893	136	A. D., 1893	1000
A. D., 1894	144	A. D., 1894	884
A. D., 1895	122	A. D., 1895	895
A. D., 1896	111	A. D., 1896	893
A. D., 1897	90	A. D., 1897	775
A. D., 1898	107	A. D., 1898	840
A. D., 1899	107	A. D., 1899	855
A. D., 1900	108	A. D., 1900	908
A. D., 1901	55	A. D., 1901	525
Total	1153	Total	9025

Average death rate for ten years from pulmonary tuberculosis, 12.7%.

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It is interesting to know that a little over one out of every eighth person who die in this city (which, by the way, is one of the healthiest in the world) die of pulmonary tuberculosis. One out of every eight in this gathering, if this rule may be applied to them, is doomed to fall a victim to this dreaded disease. Being medical men, however, who derive one-eighth of their income from the treatment of this disease they are, I presume, prepared to accept their fate as philosophically as they do their fees derived from this source.

Heredity and Infection—what are the relative parts played by heredity and infection in this disease?

When I attended lectures, some twenty-seven years ago, in the classic city of Salem, Oregon, it was taught that pulmonary tuberculosis was an inherited disease, and the acquirement of the disease by infection was practically unthought of (personally, I knew better, for I had seen a healthy neighbor woman acquire the disease from her husband and die of it, but, inasmuch as the specific cause of the disease was unknown, such observations did not count at that time.

In defence of the influence of heredity upon another disease one writer says, that, if we regard heredity as hinging upon the fact that every living cell indicates a mother cell (its matrix) we readily see how a protoplasmic fault in the original cell may be transmitted.

With all due deference to this writer's opinion, protoplasmic faults in the mother cell are seemingly largely overbalanced as a rule by the protoplasmic virtues which also reside in the same cell, and the trend under average conditions is to the elimination of the faulty condition, else were it otherwise the entire race had long since have become extinct.

The present status of the relation which is respectively borne by heredity and infection is pretty well summed up in the Philadelphia Medical Journal of recent date, which says that it is true that disease itself it not transmitted by heredity, but rather a peculiar type of tissue, which renders the individual peculiarly susceptible to the influence of morbific agents. Disease in the fetus transmitted from the mother cannot be looked upon as inherited, but it is acquired in much the same way as disease is acquired in postuterine existence. In illustration of the influence of heredity in the development of the traits and qualities in the individual, Thomas Oliver (Lancet, November 10, 1900, p. 1335) points out that the Derby has never been won by a horse that was not a thoroughbred, and the same statement is practically true of the other great English races, the St. Leger and the Oaks. It appears, further, that the Derby has never been won by a gelding. Mares, also, have won races far less frequently than stallions.

Heredity, then, it seems to me, produces a favorable soil for seeding. Of this favorable soil the specific germs known as the bacilli of tuberculosis, also by heredity, specially fitted for the work, take advantage, and here we have infection. The attendant harvest is the burning up or exhaustion of the soil, with the death of the host and the parasitic infectious fungerous germs, as well. Meantime a new crop of seed has been produced and scattered to go upon its

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way to produce like results under like circumstances, until such time as man becomes wise enough to protect himself by breaking through the vicious circle.

Should tuberculosis be a notifiable disease?

If it be conceded, as I think it now is by all intelligent medical men, that pulmonary tuberculosis is an infectious disease, there can be but one answer to the question as to whether it should be a notifiable one.

A recent writer in the Journal of the A. M. A., Dr. D. A. Knopp, of New York City, has so fully stated my views upon this subject that I feel that I could not do better than to read you a few of his conclusions. Speaking of this subject of notification, he says:

"Now comes the question, what are we to do with the countless individuals with whom prevention is no longer possible because they are already tuberculous? First, we must decide whether or not it is wise to favor compulsory notification or registration of tuberculous cases. If compulsory registration of a tuberculous patient who comes under the observation of a physician should mean additional hardship to the sufferer or his family, I would certainly protest against such procedure. If through such a notification the health officers would have a right to interfere with the hygienic and therapeutic management inaugurated by the attending physician, I would also consider compulsory registration ill advised. On the other hand, I think it most advisable that every physician should be requested, in the interest of statistical as well as demographic science, to report to the respective health authorities the age, profession and residence of every tuberculosis individual under his observation. Many of the underlying and not yet quite comprehended agencies to consumption may thus be discovered and the remedies found. But as I have said, no hardship to the tuberculous patient or his family should arise from this procedure. As long as the patient and his friends obey the instructions given by the physician, so long should they remain unmolested. I think the custom of the New York City Health Board, which furnishes physicians with postal cards for reporting cases, is a most admirable one. These cards read as follows:

Report of Case of Tuberculosis.

New York .....190..

Name of patient.....Age....

Sex .....Occupation.....

Residence .....

Previous cases in family, and relation to patient .....

Do you wish an inspector to visit the premises and instruct the family regarding prophylaxis? Answer yes or no .....

..... M. D.

Residence.....

Note.—Cases of tuberculosis will NOT be visited by an inspector from the Department of Health except upon the request of the attending physician.

No reasonable objection can be made to such a procedure. Every conscientious physician will see that his directions are carefully carried out. The Board of Health might, however, aid him if it chose, by sending to the physician reporting cases of tuberculosis leaflets giving needed information to consumptives and those living with them; additional verbal explanation on the part of the attending physician will enhance the

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value of such instruction leaflets. In case of demise or removal a disinfection of the consumptive's apartments should become obligatory. It may also be necessary, if the patient or his family wantonly disregards the hygienic precautions necessary to prevent communicating the disease to others, that the attending physician seek the aid of the health officer to enforce a proper hygiene. However, I repeat, let us not exaggerate the contagious nature of tuberculosis by adding unnecessary hardships to the sufferings of the consumptive, his relatives or friends, for pulmonary consumption is, after all, not a contagious but only a highly communicable disease. The contact per se of a clean consumptive is not dangerous, nor is there any danger for those who live with such a one. Treat the consumptive who is conscientious and does his best to protect his fellowmen from infection with the utmost kindness, and do not let him feel as if he was an outcast from society. Let us, as physicians of this enlightened age, be intelligent workers in the anti-tuberculosis crusade, but, I pray, let us not become phthisiophobic, nor encourage phthisiophobia.

Let us educate the whole community to the true nature of consumption. There should not be a city of any size in the Union without a society for the prevention of tuberculosis, and these societies should be in contact with a great national society. It is a sad fact that our great country is still without a national anti-tuberculosis organization. England has its "National Association for the Prevention of Tuberculosis;" France has its "Oeuvre anti-tuberculeuse;" Germany has its "Central Committee for Anti-tuberculosis Work," and even Russia has a "Pirogoff Society for the Study of Tuberculosis." Within your immediate neighborhood, across your beautiful Niagara Falls, you will find an excellent organization under the name of "The Canadian Organization for the Prevention of Tuberculosis," with His Excellency the Earl of Minto, the governor-general, as honorary president, and as president, Sir James A. Grant, M. D., K. C. M. G.

The City Board of Health in the city of New York, acting upon the rule which requires notification of all cases of pulmonary tuberculosis, claim to have reduced the number of deaths in that city 35 per cent since they began their work a few years ago. In closing, I would say that being chosen to bring up the rear, as it were, on this subject, in a galaxy composed of such expert special medical talent as my friend, the deeply Woods Hutchinson, the studious, earnest and able Dr. E. S. Hutchinson, and the talented and brilliant Dr. Abrams of our beautiful, though somewhat frail, neighboring city to the south, is quite a trying position to occupy. It is ill gleaning where such expert gentlemen have garnered.

Carbuncles.

Creel has relied on ecthol given internally, in doses of a teaspoonful, in cases of carbuncle, flaxseed poultices applied locally, emptying of pus, scraping out of dead tissue and cleansing with peroxide of hydrogen; after this topic application of ecthol on absorbent cotton every four hours. The average duration of this treatment in his cases was ten days.—Jour. Amer. Med. Asso.

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The Prevention of Uterine Displacements With Adhesions With a Special Reference to Parturition as a Causative Factor.

James P. Tamiesie, M. D.,
Hillsboro, Oregon.

Read Before the Oregon State Medical Society.

I have not selected this subject because I have not found anything written upon it in text books or journals, but because my attention has been called to the prevention of uterine displacements, and their sequelae, from the fact of their occurrence, and because of the inquiry of women to be confined, if something could not be done, either before or after confinement so that they would get along well and get up strong and healthy after bearing their children. So there may be no misapprehension or misunderstanding in the discussion of this paper, I wish to place under the head of Parturition as a causative factor in displacements and adhesions, all cases of gravid uteri at whatever period of pregnancy, and the expelling of their contents at any time after conception.

I am fully aware that a few authorities make the statement that the great majority of uterine displacements is not due to pregnancy and subinvolution of the uterus, but, barring traumatism, I do not now recall a case of uterine displacement and sub-involution in which pregnancy had not existed previous to the displacement.

I am firmly of the opinion that the duty of the accoucheur does not end in a surgically clean accouchment and one to three subsequent visits, as everything may be well for eight to ten days and yet a heavy uterus with a congested serosa may form adhesion after the physician had dismissed his case and considered his patient beyond a possibility of septic infection.

Allow me to state, also, that even a mild septic infection is not necessary to produce sub-involution with consequent displacements and adhesions, as many cases occur in which there has been no rise of temperature above normal which undoubtedly would occur in either a sapremia or septicaemia; but instead, we often find a history somewhat like the following, taken from my case book: A young woman, aged 27, blonde, good family history, second impregnancy, previous delivery tedious but no complications, and recovery perfect. Becoming pregnant the second time she concluded that she must diet herself, denied herself meats, restricted the amount of food generally, took daily baths, etc., so as to insure a painless delivery; was not well nourished when accouchment took place, had a very tedious labor, lasting fifteen hours, due to rigid os, but there was no indication to use forceps, as child was small, pelvis roomy, and child advanced slowly but surely after os was dilated, which latter process required three-quarters of the time occupied by her whole labor.

I wish to call particular attention to this rigid os and slow dilitation, as in all my cases of subinvolution, not due to sepsis, I have observed this abnormality.

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Labor in all respects apparently normal except as to time, rigidity of os and a feeling of exhaustion and unusual soreness over uterus, which continue for about twenty-five days after her confinement.

No rise of temperature, but when she tried to sit up on the ninth day felt weak and sore with a sense of dragging pain in back and pelvis.

There were no lacerations of either cervix or perineum, and lochia was normal; gradually gained strength and walked about on the twentieth day, but felt weak and exhausted, with still a sense of dragging pain in back and pelvis. An examination, of course, revealed displacement with adhesions.

Now this is the history of many cases in which there is no laceration or either cervix or perineum or sceptic infection.

Of course, in those cases where we have septic infection following the expulsion, or partial expulsion of uterine contents under the ninth month, we may have sub-involution also, but the physician usually expects these conditions in these cases, but does not expect these results to follow in so-called normal confinements, as he usually discharges his obstetric patients upon his second or third visit if there is no rise of temperature, and yet the woman may be going about with a retroverted uterus until adhesions have formed and she has developed a train of symptoms, nervous and painful, of which you are all familiar. Now, as to the duty of the physician in the treatment of these cases with especial reference to prevention: In septic cases or lacerations I need not tire or bore you—our duty is evident—but is our work complete after we have cleaned out the uterus, packed and drained, repaired laceration, or delivered the woman and discharged her after two or three visits, even if she has no rise of temperature? Do not all of the adhesions, or most of the displacement and adhesions occur after the physician has discharged his case?

A thorough vaginal examination with speculum will convince all of us that we have a duty to perform in those cases which do not convalesce in the usual time, and I believe it is the duty of the attendant to keep all cases under observation for at least thirty days, or more.

I have always found in these cases the mucuous membrane of that portion of the cervix uteri and vault of the vagina brought in view with the speculum to have the appearance of the mucuous membrane of a bruised lip, or, in other words, an ecchymosis beneath and in a mucuous membrane, in fact, we have extravsation of blood in a mucuous membrane. This condition is much more evident within two to five days after delivery, but is appreciable up to the twenty-eighth day after delivery.

Now we can conceive that the serious coat of the uterus and the periteneum of the pelvis which come in apposition under high pressure during a tedious or too rapid labor, that we have here an ideal nonseptic, but treumatic inflamed condition of two serosa in apposition, which will end in adhesions if not prevented by some means.

Now, as to treatment, I have nothing original, but will simply state that I place the uterus in a

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supercorrected position, thereby obliterating Douglas' cul de sac, and keep the uterus thus by placing good sized tampons in the vagina high up against the anterior portion of the cervix, being sure that they maintain a super-corrected position of the uterus when the patient is standing. This should be kept up for at least a month, or until involution is well advanced, and if upon removal of tampons and patient attempting to get about, a dragging sensation is felt in back or pelvis, I continue the tampon for even six weeks. Patient should stay abed until all soreness has entirely disappeared. This is important for the first fifteen to twenty days after her delivery. Hot anti-septic douches are also advisable.

The point, gentlemen, to which I wish to call attention, is the prevention of a condition which, neglected by the obstetrician or attendant, usually leads to conditions which require grave surgical measures, but which do not always alleviate or cure the patient where adhesions are at all great.

Gout and Goutiness and Their Remedies.

The treatment of gout is divided by David Walsh (Med. Press, Oct. 16, 1901) under three headings: (1) Drugs; (2) general hygiene, exercise, diet. water, etc.; (3) baths, massage, superheated air, and other external therapeutics. He says that the most valuable drug during an acute attack of gout is undoubtedly colchicum. It is usually combined with sulphate of magnesia, and its efficacy appears to be increased by the addition of guaiacum. Free purging with blue pill and saline aperients, such as Hunyadi Janos, or other laxatives, is a very essential measure. Between the attacks of acute gout, and in the chronic and irregular states, the best drugs are sodium salicylate, iodide of potassium, and guaiacum. General hygiene forms one of the most important points in the treatment of the gouty. The patient should take daily exercise, as far as possible, in the open air. The value of the Turkish bath has long been recognized in the treatment of the gouty condition; so also has the value of a course of systematic bathing and massage at some suitable watering place, where the life is simple and plain. The therapeutics of gout, says the author, have made a solid advance since the use of superheated air was invented some ten years ago. In chronic and in inveterate cases the benefit is striking: movements of joints are restored, and uratic deposits and bursal swellings often disappear rapidly. There can be no doubt that heat applied according to this method has curative results in gout that cannot be equaled or even approached by other plans of treatment.

Catarrhal Aphonia.

The Journal de medicine de Bordeaux quotes the following from the Quinzaine medicale:

℞ Sodium benzonate, gr. 90.
Alcoholate aconite root gtt. 20.
Cherry laurel aq. m. 45.
Syr. tolu.
Syr. codeine, aa gr. 450.
Aq. m. 900.

M. To be taken in four equally divided doses in the twenty-four hours.

A dry compress of cotton, retained with a flannel bandage, should be applied to the throat during the night. —N. Y. Med. Jour.

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The Psychopathic Hospital—An Urgent Necessity.

By Ernest Hall, M. D.,
Victoria, B. C.

The necessity of an intermediate station between the home and the insane hospital is clearly shown by the following cases that have recently come under my observation:

Mrs. M——, aged 31, two children: the youngest three months old: good heredity, but of excitable disposition. Physical examination showed an enlarged floating kidney, and first degree of lacerated cervix. The care of a large house, and unnecessary domestic responsibilities, with maternal duties, had apparently made a greater demand upon the vital resources than the irritated physical organism could meet; and symptoms of mental collapse were shown in expressions of suicidal intent, and various delusions. Fearing trouble, I sent a trained nurse to take charge of the patient, hoping by vigorous treatment to restore the physical system, and give her a chance before removal to the asylum. Matters went smoothly for a few days; until, seizing an opportunity when the nurse was washing the baby, she produced a two-ounce bottle of carbolic acid that she had concealed some days previously, and drained the bottle before the nurse could interfere. I saw her within half an hour afterwards, but life was all but extinct; she died a few minutes after my arrival.

Case 2.—Mrs. C——, aged 23; no children; had been ill some time before I saw her; had been given up by two medical men, and ordered to the asylum. She presented a large swelling over the ascending ramus of the maxilla. An examination of the mouth showed the molars badly decayed and giving a most offensive odor. She was very much emaciated. Other parts appeared normal. Urine normal; temperature 103; delirium had been continuous and active. She was placed upon sedatives, and upon the supposition of dental complication, a dentist was called in consultation, who agreed that the abscess probably resulted from diseased teeth. Under chloroform the molars were removed; the lower third molar on the side of the abscess had attached to its root an abscess mass. Considerable pus escaped. After recovering from the anesthetic, the patient was rational for the first time for fifteen days. Supporting measures were ordered, also an anti-septic mouth wash. In six hours after the extraction, the delirium returned and remained for several hours, but would disappear under forced sleep. Upon the theory of toxaemia from absorption from the pus tract, I gave 1000 units of anti-streptcoccus serum, repeating the dose in two days. With the exception of septic pneumonia and a bed sore, the progress of the case has been uninterrupted. There have been no indications of mental disturbance since the disappearance of the abscess and the healing of the gums. In her delirium, this patient had run away from her home to that of her sister, fully half a mile away. As the house was small, we experienced great inconvenience in the management of the case, owing to lack of accommodation for the nurses and family, and we realized the neces-

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sity of some hospital where better facilities could be afforded.

The frequency with which we come in contact with such cases as are herein outlined, impresses upon all practitioners who are actuated by other than mercenary motives, the necessity of the establishment of specially equipped hospitals, where those who have developed abnormal psychic conditions to the extent that home treatment is impossible or inadvisable, could receive appropriate treatment until it could be satisfactorily shown that the underlying physical lesions were beyond the possibility of early removal, either by the natural forces, or by medical, or surgical measures. Those giving indications of chronicity, or undue violence, should be removed to the state institution, as it is at present constituted. The class of cases that would receive the greatest benefit from this arrangement would, in the opinion of the writer, judging from his limited experience in the treatment of these unfortunates, be (1) puerperal; toxaemic; irritative from pelvic lesions (crystic ovaritis, adhesions, fibroids, retrodisplacements, etc.), or, in general terms, all those classes of cases in which the prognosis under treatment is good; for instance, puerperal insanity in which the expected rate is 75 per cent. Upon the other hand, it would be worse than folly to detain in this psyscopathic "suspect station, idiocy, senile dementia, or general paralysis. "A doctor sending a case to an asylum should have in mind that there are two events—either of which will probably make the relatives blame him and say that he has made a mistake in recommending the step—the one, death; the other, recovery within a week or fortnight after admission. If the latter occur, the patient will likely join in the disapproval." This suggested unpleasant experience could be avoided by submitting cases, first, to treatment in a detention hospital.

In a few of our cities excellent private institutions exist that meet to a certain extent the necessities of the case among the well-to-do, but the masses are yet unprovided for, and it is to meet the requirements of this class that I recommend action in this direction.

We are being continually reminded of the alarming increase of insanity; the lack of accomodation; and the fact that a serious problem is confronting us in this direction. The establishing of municipal detention hospitals would, to a great extent, lessen this congestion; and, since experience has shown that recent cases are more amenable to treatment than those in which the measures for relief have been delayed until the abnormal metabolism of the cortical cells has become somewhat of a mental habit, many of these cases could be returned to their homes which, under the present system, drift hopelessly to utter dementia and death. The existence of such an institution would also tend to keep before our minds the fact, too often forgotten, that many cases of mental trouble are within the province of the physician, and thereby would greater attempts be made to investigate and relieve the underlying physical lesion. In looking over the report of one of your large state hospitals, I find no mention of any attempt to utilize the large amount of material which is at the disposal of the medical authorities, either in thorough physical examination, or in post mor-

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tem, whereby at least some light might be thrown upon the underlying pathological conditions. Can any other department of medicine show such negligence? With abundant evidence of the application of the simple principles of surgery to this class of cases, it is criminal to pursue such a course of inefficiency.

America has not been without its prophets in this field. Rhoe of Baltimore, Manton of Detroit, and others, have demonstrated beyond doubt the satisfactory results of operative treatment of the asylum class. This matter is no longer in the experimental stage. We had better face the facts, and admit that the method of committment and management—we cannot use the word "treatment"— of the insane of the state is too frequently inexcusably deficient. Political exigences and personal prejudices should not interfere with an effort to introduce more rational supervision of this department; but, if the political machine must continue to grind out the same kind of product, the only chance for the incarcerated invalid of the future, beyond nature's kind ministrations, is in the institution of the hospital that I have endeavored to outline; then the state hospital will become in effect what it virtually is at present—a place of confinement for those who are dangerous to the community.

Rectal Ulcer.

The Medical Summary suggests the following line of treatment in this condition: First apply the following on a cotton probe:

℞ Chromic acid, dr. 2.
Water, oz. ½.

It may require only one application or it may take five or six. These applications should not be made oftener than once in ten days. In the meantime use injections into the rectum of

℞ Bismuth subnitrate, oz ½.
Morphin sulphat, gr. 4.
Cocain muriat, gr. 4.
Water, oz. 6.

M. Sig. Inject two tablespoonfuls into the rectum night and morning.

After the external enlargements have disappeared as a result of the chromic acid, use the following ointment externally:

℞ Bismuth subnitrate, oz ½.
Iodoform, dr. 1.
Acid boracic, dr. 1.
Vaseline, oz. 1.

M. Sig. Apply two or three times a day. Proceed now to inject the hemorrhoids, one at a sitting, until all are cured. Lastly treat the rectal ulcer. In this case a solution of chromic acid, one dram to the ounce, applying it all over the surf ace of the ulcer, after having wiped it dry. If any of the acid should run over on the sound mucous membrane, wash or apply over the spot at once a solution of sodium bicarbonate to neutralize it.

Tinea Tonsurans.

The Jour. of Med. and Science publishes the following formula, recommended by Dr. Hodara, of Constantinople, for treating barber's itch:

℞ Sulphuris, ʒ iiss.
Zinci oxidi.
Sacchari, aa ʒ v.
Glycerini, ʒ iiss.
Lanolin,
Vaselini, aa ʒ v.

M. Sig. Apply in a thick layer night and morning until the crusts have been removed, then once a day. —Jour. Amer. Med. Asso.

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EXTRACTS.

A Diet of Ground Rock.

The report of the Connecticut Experiment Station, just issued, contains (page 165) a somewhat startling arraignment of the alum baking powders with which the country is flooded. Of the fifteen brands analyzed, about every imaginable adulteration was discovered, varying from sulphuric acid (22 per cent.) to ground rock! The latter form of adulteration is characterized by the report as "a particularly reprehensible adulteration, because very likely to prove injurious to health," which may well be believed, considering that it was found in one sample to so large an extent as over 25 per cent. Of this baking powder the report says:

"This preparation contains more than 25 per cent. of ground rock, insoluble in strong acids and consisting chiefly of silicates of magnesia. Prof. S. L. Penfield, of Yale University, kindly examined this material and found it to be a mixture of pulverized talc and tremolite, a species of hornblende, which is extensively mined in Northern New York, perhaps elsewhere, and is much used as a filler in the paper manfacture. The tremolite appears under the microscope in sharp needle-like splinters, which makes it a dangerous admixture in food."

Alum itself is objectionable enough and it is therefore not surprising that a manufacturer so unscrupulous as to use it would not hesitate also to mix in pulverized rock. This only goes to show the danger of using any of the cheap grades of baking powder. They are put on the market by small concerns who have no reputation to lose, and care nothing for the public health. The cream of tartar powders, such as the Royal or Price, on the other hand, though costing a little more, are made by large and responsible firms who have too much at stake, even were they so inclined, to father anything but a chemically pure article.

The family physician may not find it practicable to overhaul the larders of all his patients, but the knowledge he possesses of the dangerous character of alum powders ought to be communicated, particularly in cases where digestive and similar troubles are indicated. There are two or three cream of tartar baking powders whose names have become "household words" and from them the housewife may safely make her selection.

"Memoria in Aeterna."

As time flies by, amid the rush and bustle of this eminently practical, work-a-day world, one unconsciously displaces from the mind of today the remembrance of happenings yesterday; there are, however, some things which should remain "in everlasting remembrance." The gentleness, strength and beauty of the personal character of William McKinley, and the inestimable value of his services to the nation, and the world at large, should not be consigned to the mental dust heap of oblivion, but should be cherished as a precious heritage by every patriotic American, whether native or foreign-born. Feeling confident that their friends in the medical profession will appreciate at its proper worth a souvenir which shall serve as a constant reminder of the life, character and services of our third martyred president, the Arlington Chemical Company has prepared for gratuitous distribution a magnificent enlarged reproduction (17x13) of one of the finest and most

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faithful portraits in existence. Competent critics who have seen this reproduction have expressed themselves as surprised at the faithfulness with which the beautiful Rembrant effect has been carried out in its rich, dark sepia tints, and with the general artistic worthiness of the portrait as a whole. The advertisements of Liquid Peptonoids is so unobtrusive as to be entirely unobjectionable. The Arlington Chemical Co., Yonkers, N. Y., will be pleased to send a copy to any physician who may have failed to receive one, together with suggestions for proper method of framing.

Lecithine.

Lecithine (derived from a Greek word meaning yolk of egg) found in semen, brain matter, nerve tissue the leucocytes of the blood, the yolk of egg, and many other sources, was first discovered by Gobley and studied later by Strecker. Its therapeutical value, as an assimilable form of organic phosphorous, has been acknowledged by a number of authorities who have given this subject attention. Chemically, Lecithine is found to be made up of certain acid glycerophosphates, and it is unnecessary to add that the phosphorous of the human organism, exists as glycerophosphates.

The first important studies connected with the role of Lechithine in nutrition, are due to Danilewski. In 18977 the "Societe de Biologie de Paris" received on this subject an extremely interesting communication from Charrin. Selensky (a pupil of Danilewski), has been able to show that its action on the red corpuscles is remarkably beneficial. Numerous authorities have since studied the physiological effects of Lecithine, and all agree that it assists nutrition, favors assimilation of nitrogen and phosphorous compounds, so essential to the economy. The conclusions of Desgrez and Ali Zaky, recently published by the "Societe de Biologie," are on the same lines, so also are those of Gilbert and Fournier, who treated a number of phthisical and neurasthenic patients with results showing improvement in appetite, weight, strength and general health.

Lancereaux, Gilbert and Fournier (Bull. de l'Acad. de Med. de Paris) have used Lecithine in the various stages of epuisement occurring in diabetics, with the happiest results, particularly in the more advanced stages, with a daily depreciation of the patient's weight and vitality.

We are, therefore, justified in concluding that Lecithine is worthy of trial as a means of checking the drain on the vital nutritive physiological functions, caused by pathological conditions.

There is some difficulty in preparing and preserving Lecithine in a pure and active state; this, however, has been overcome by Vial of Paris, by diluting it with oil and administering it in capsules, representing one grain each. By these means the disagreeable taste of Lecithine is avoided and its active properties preserved.

One capsule three times a day with meals is the usual adult dose.

M. Serono of Turin has also used subcutaneous injections of Lecithine on the human subject.

Digitalis and Blue Mass.

H. A. Hare (Ther. Gazette) says that too many practitioners overlook the value of the simultaneous employment of digitalis and blue mass in heart disease. The manner in which the latter acts under these conditions is not always clear. When the liver is inactive because of imperfect cir-

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culation of blood, and is swollen and engorged, a full purgative dose of blue mass naturally relieves this congestion and promotes hepatic functional activity. But other drugs which purge the patient rarely produce equally good effects, and it would seem probable that the relief of liver engorgment is accompanied by increase in its ability to destroy toxic materials in the blood or to aid in their elimination through the bile. Probably the increased urinary flow under this treatment not only eliminates fluid, but toxic material as well by the way of the kidneys. In cases in which the liver is enlarged and swollen, the portal circulation impaired, and the digestion poor, blue mass is not only a hepatic, but a true cardiac remedy, particularly if the right side of the heart is in trouble, and cardiac dropsy is manifest. In some patients the administration of digitalis fails to do any material good until blue mass is freely given.—The Medical Standard.

Yellow in Science.

The hue of saffron is not a monopoly of the sensational papers of America. There are occasional preachers who are as yellow as the sunflower in their methods of achieving notoriety and gaining public attention. Worst of all, there is sensationalism in science. The foremost workers in the field in the past have been stearn in placing a limit to the use of imagination. They have restricted their assertions to demonstrate facts. Indeed, their chief opposition to theologians has been based on the alleged science of affirmation of the latter. Today, however, the recognized scientific journals have no protest to make against the fierce sensationalism of such quacks as Lombroso, Max Nordau and Flammarion. The first two profess to have established a system of criminology under which a man with a bent ear is a proper subject for hanging. Without any thing like the patience of Lavater, who finally denied that character could be definitely determined by a study of the skull, or the soft parts, Lombroso is as positive as a single tax orator in condemning men on the basis of cranial or facial peculiarities.—Philadelphia Record.

Fourteen and a Half Hours' Artificial Respiration in a Child One Week Old; Recovery.

G. E. Keith reports (The Lancet) the case of a male child aged one week, upon whom the operation of circumcision was performed for long and tight foreskin. Chloroform was the anesthetic used; the child did not breathe well, and lost more blood than usual. About 15 hours later the child became dyspenic and cyanosed, and when seen was apparently dead. Under artificial respiration, breathing recommenced, to fall once more when the passive movements were stopped. The artificial respiration was continued for fourteen hours and a half at the rate of twenty to the minute. Oxygen was used continuously, heat was applied by means of a hot-water bottle. By the time normal respiration returned the child's chest and upper abdomen resembled raw beef, and the arms were red and excoriated from the violent use to which they had been put. Recovery was very rapid. Twenty drops of brandy every hour were given, and was well tolerated; a smaller amount seemed to cause a loss of ground on the part of the patient. The brandy was never noticeable on the breath.—The New York Medical Journal.

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JANUARY, 1902

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Happy New Year!

It's a very old custom, this one of well wishing in the opening days of the new year, but one which comes easily to the soul which has a kindly disposition toward his fellow beings, and the custom should not be lain aside, even in these latter days of push and strife, in which so many of the habits of the elders have been discarded as old fashioned or obsolete.

The New Year is the moment of good resolutions, and to no class of people is the moment more pertinent than to those of the medical profession. We all have our faults. Some are grievous ones. It is therefore, a good time for us all to take an inventory of ourselves and see how we can do better during 1902 than we did in 1901. The medical man is driven by competition into many excesses. Alcohol finds more victims in our ranks than in many other avocations, the result of long hours, mixed company or other influences from which the doctor seems unable to escape, and now is a good time to consider whether or not there is need of "a new leaf" in this regard, although it is not in this particular where the average doctor's greatest excess is found. Overwork is the greatest medical excess. We go on and on as long as the de-

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mand comes, regardless of the fact that we are but human, and must shortly wear out. Overworked, we become neurasthenic and pessimistic, we see in the acts of our very professional friends, efforts to injure us, and begin controversies out of which nothing but bitterness can ensue.

Let us all, therefore, make an effort to take life more leisurely, to look about us in this beautiful world of ours and enjoy it. To spend more time with our families and friends, and get better acquainted with our wives and children, if we have them. Let a little practice slip away from us, if it must, but let us take time to realize that we are living, and, so realizing, enjoy before we are too old to enjoy, the passing comforts about us.

If one of our friends has had a part in the general good times about us in this great North Pacific land of peace and plenty, he is a subject for congratulation. If reasonable health has been his, if friends have remained true to him, and if prospects are good, he is fit to be congratulated. If he has nothing except a good resolution, he is open to congratulation. If sickness, death or disaster have been near him, even such may be timed with goodly patience and heroic fortitude. The Medical Sentinel, therefore, upon this, its tenth birthday, sends out to all its readers an expression of good will and a heartfelt wish for a very Happy New Year.

Volume Ten.

With the present number we are in the tenth year of the history of the Medical Sentinel. What momentous times the past ten years has been for the medical profession! How swiftly has the science of medicine advanced, and yet how hungry are we all for the fruition of the promises of greater things which we believe to be in store for us! Tuberculosis, cancer, the psychoses, must be better met and surer conquered. Medicine must become, in truth, a science, and less an art. Medical men must come closer to each other. Petty bickerings must diminish, ultimately to disappear, until the term "Doctor of Medicine" shall become everywhere recognized as the highest title borne upon earth. This day is now quickly coming. May many of our readers live to witness such a glorious moment!

Pleasant Years.

It scarcely seems but yesterday when the first issue of the Medical Sentinel, with many misgivings, was sent to its little list of subscribers and to a large number of the profession upon this North Coast who had not yet subscribed, but whom it sought to interest. We remember, also, the almost storm of advice which poured in upon us, some well meaning and some otherwise, telling us how the journal should be managed, what it should contain and what not. Whom it should speak well of and whom condemn, what rocks to avoid and into what harbors it could and should smoothly sail. Advice as much at variance as the four winds of heaven. When the tornado began, we felt like obeying its mandates, but very soon learned that to do so would be impossible, and that if the Medical

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Sentinel was to live it must work out its own problems, depending upon the exigencies of its own environment, and the ability, faulty as it was known to be, of the management which had brought the magazine into being. A few people, most of whom have since died, within a week or fortnight afte advised us to quit the field. Some of our contemporaries elsewhere poked fun at us about our "big field, with no one living in it," and predicted a positive failure for us, saying that a medical journal could not be made to live in such a region, instancing one dozen previous failures, while others, perhaps from kind hearted pity, spoke kindly of us.

But here the Medical Sentinel is, still being published. It has gone through great tribulations. For many years it was a losing property financially, and of course its entire income today would scarcely pay the salary of an Eastern medical weekly, but still it feels that there was a niche for it here in the Pacific Northwest, and that it has found and fairly well filled the same. It has made mistakes by the hundreds, and owes a thousand thanks to its many friends who have so often overlooked faults and forgiven such mistakes. It has had many hard years, but after all they have been pleasant ones. Greater things are now planned for the future, and we hope in due time to make a magazine which our most exacting critic may approve.

With malice towards none and good will towards all, we shall continue the work the Medical Sentinel has found here to do, thanking our friends for all they have done for us in the past and bespeaking their future support, and especially an encouraging word as occasion shall offer.

The Growth of the Northwest.

The great Northwest is growing in power and prominence. Fortunately for the doctors their increase has not kept up with the increase in population in other lines. The fact was that the Pacific Northwest was for so many years an open field without medical laws that doctors came here in numbers far beyond the real demand, and in later days, with rigid laws and strict examinations the general population has been gaining in numbers faster than the doctors until it will soon be a matter of medical congratulation to a physician located in this region, that his home is here, based upon the comparative proportion of physicians to general population. All things come to him who waits. This is especially noticeable in medical matters in Oregon, and Portland offers the most marked example of this fact.

In 1892 the population of Portland, according to Polk's directory, was 88,200, while the number of doctors given by name was 221. By the same authority, the number of people in Portland for 1901 is 107,991, while the number of doctors is given at 199. A glance will demonstrate the relative difference in the figures as to medical practitioners and population.

Better Medical Societies.

If the Portland Medical Society is to be taken as a guide, medical thought is on a much higher plane of activity. Instead of the poorly

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attended society, there is today both numbers and enthusiasm at the meetings, and there are two other regular societies now additional here. As an example, let us republish the following report in this magazine under date of June, 1893, before the better work began to be manifest, which shows what conditions then were. As the report is brief, we publish it in its entirety:

"At the meeting of the Portland Medical Society held at the Portland Hotel, June 7th, matters of a business nature were quite generally discussed. The president, Dr. Strong, opened the meeting by stating his annoyance at the attendance being so small that a quorum was often impossible to be secured; and that the society had not mapped out for him a settled policy, upon which he might guide the society through a more successful year's work. It seemed to to be the opinion of most of the members that the fees, $10 for initiation and $1 per month for dues, were too high, and also that the rule requiring 12 members to be present to constitute a quorum is too exacting, and a committee was appointed to consider and report a revision of the by-laws upon these points. Dr. Holmes reported a case of rectal fistula with complications. Dr. Cauthorn reported a case of invagination of intestine where the portion, supposed to be of small intestine, descended so that the gut protruded through the anus several inches, and which was completely relieved by careful and protracted succussion, the child being held during this time with its head hanging down. Dr. Mackenzie reported a case of antral tumor recently removed. Dr. Watts was elected a member of the society.

"The report of the secretary showed $75 in the treasury and $100 due from membership fees, together with dues from members from the first of the year. Dr. Tucker, from the committee on library, reported that the Portland Library Association would allow the medical association to place its books on the shelves of the library association and care for them, if the medical society would agree to allow the general public to use the books for reference and add not less than $300 worth of books per year to the collection, and also would secure annually not less than ten paying members to the library association at $10 per year. Report received and committee discharged. There were present at the meeting Drs. Strong, Powell, G. H. Wells, Cauthorn, Holmes, Mackenzie, Rand, Maxwell, Bell, Glendenning, Tucker, Chalmer and Coe."

The difference between 1893, when thirteen doctors were present, as shown above, at a meeting, and a quorum of twelve not always there, and 1901, where, under Harry Lane, no less than forty-three physicians have been in attendance, tells its own story.

Care in Diagnosis.

A great deal of worry and anxiety on the part of the physician, and suffering on the part of the patient, could be avoided if the golden rule of making a complete and thorough diagnosis of each and every case, was strictly adhered to. It too frequently happens that the diagnosis is deferred until the patient recovers, suffers irreparable loss, or is laid forever to rest. At times this cannot be otherwise; but in the great majority of cases the failure to correctly diagnose arises from the carelessness or negligence of the physician; and not from his inability.

How many cases of "growing pains" are neglected until fully developed tubercular joint lesions arouses the physician from his legarthy?

How often are children given tonics, advised to give up school or change climate, dosed internally

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for enuresis and so on, when the whole difficulty is due to an adherent prepuce, to the presence of seat worms, or to some other similarly simple reflex disturbance the removal of which is but a trifling measure and is attended by the happiest results?

How often are patients dosed and dosed, now with one drug and now with another, when the cure of the malady lies not in drugs but in the correction of some faulty habit of diet, exercise or dress?

How often are medicines prescribed to nervous women, designed to follow the fleeting footsteps of their emotions, while the real cure lies in their becoming engaged in some useful, congenial occupation? For this same condition the more unscrupulous unsex their confiding patients. One ceases to wonder why Christian Scientists and other fakirs thrive, and obtain brilliant results.

How often is a temperature allowed to continue day after day, while the physician wonders whether his patient has malaria, sepsis or typhoid, simply because he does not make use of the means scientific investigation has placed within his reach for accurately determining just such differences?

How often is sore throat diagnosed as diphtheria or simple aryina, by the presence or absence of one or the other elsewhere in the neighborhood?

How often are fractures either entirely overlooked or attended to in a half-hearted manner, simply from neglect of the physician to apply all methods at his disposal in settling his diagnosis?

These are some of the more common errors into which physicians are constantly falling, and the list could easily be extended. Errors of this kind need not and should not occur. The physician is worried over his half performed work, and his patient is oftentimes injured. They can be avoided by simply applying the methods of a proper diagnosis which are at the disposal of everyone.

EDITORIAL NOTES

The Medical Sentinel was the first medical journal to run a "Personal" department, a departure which at first met with some criticism. Today we note that, in one form or another, nearly, if not quite, one-half of the medical journals of America have adopted this custom. Doctors, like other people, like to hear of something else than pills about their neighbors. The Sentinel has a rather unique chapter in its history, covering three months, when the personal character of the journal was eliminated, which it may some day tell. It was an expensive epoch.

Personals.

While felicitating ourselves upon entering our tenth year of publication, and feeling that we have done something in a rather unhospitable field, geographically, we are once more reminded of the reply of our first publisher who had undertaken to finance the Medical Sentinel, but who, after the issuance of its first number, declined to stand sponsor for its bills

Jaw Bone.

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or future. An attempt was made to convince this gentleman that it would only take time to make the magazine "go." "Look at the encouragement and kind words we are getting," was a remark made to this publisher, who was at the same time engaged in the successful publication of two other periodicals and who was a careful business man. "Yes I know," says he. "but it takes something beside jaw bone to print a magazine!"

C. J. Smith, M.D., Pendleton, President Oregon State Medical Society.

Dr. Smith was born August 23, 1864, near Derby, Ohio, received a common and normal school education, and commenced teaching school at the age of 16, and taught until 1885, when he commenced studying medicine, entering Starling Medical College, from

which he graduated in 1888, and, after practicing medicine at London, Ohio, till the fall of 1889, when he entered Bellevieu Hospital Medical College, New York City, from which he graduated in the spring of 1890, after which he came West and associated himself with Dr. N. G. Blalock, of Walla Walla, for a short time, moving to Pendleton in November, 1890, and continued to practice there ever since. Dr. Smith has been secretary of the United States Pension Board at Pendleton for the past 10 years. He has been Mayor of the city and a member of the Pendleton School Board, and is a member of the American Medical Association. He was married after he came to Oregon to Miss Lilian Gullifo d, a native of this state, and has one child, a daughter, aged seven years. Dr. Smith's election as president of the Oregon State Medical Society was an act of special compliment to him, in view of the fact that by some Portland was deemed entitled to the office this year.

NOTES

Hypotone, the Ideal Hypophosphite.

We do not know whether our readers have or not been paying attention to what is going on in the medical field regarding "Hypotone," a tonic wine of hypophosphite. If not, it will stand them in hand to consider the claims of this product, which is being presented by the Chas. Roome Parmele Co. already chemists of wide reputation on account of their "Arsenauro" and "Mercauro" products. It is claimed that "Hypotone" is the most valuable preparation of the hypophosphites containing strychnia which has ever been presented, and patients certainly, as we know, take it with greater satisfaction than the ordinary preparation of this kind which are upon the market. The beauty about "Hypotone" is that it is a permanent product, and it does not separate, as many preparations do, in which certain constituents are

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omitted in early doses, and taken with the last. It has the faculty of not only being a reconstructive, but of being a mild stimulant to the stomach, through the wine which it contains, to the ordinary digestive processes. The preparation is put up in 8-ounce bottles, which retail at 50 cents, a very convenient size for dispensing.

Dr. Reames Appointed Health officer.

Dr. F. D. Reames, who has so many friends in and around Portland, has been appointed health officer of Klamath Falls, Oregon. There has been quite a number of smallpox cases of mild form in Klamath Falls, and the adjacent country, and it has been due to the untiring efforts of Dr. Reames that the spread of the disease has at last been checked. Dr. Reames graduated with honors from the University of Oregon, and the people of Klamath Falls are to be congratulated on having such an energetic, up-to-date health officer.

Borrowed Books.

At the beginning of the new year is a good time for everyone to look over his library and return to the proper owner all borrowed books. Often one lends a single volume from a set, and this loss spoils the value of them all, and the single volume is of comparatively little use to the borrower. For fear the one from whom you borrowed the book hesitates to ask for it, the Sentinel takes it upon itself to ask you one and all to return your borrowed books, and make your friends happy.

MEDICAL SOCIETIES

Portland Medical Society.

The regular meeting of the Portland Medical Society was held in the Marquam building, Wednesday, November 6, 1901, Dr. Harry Lane presiding. Present: Drs. Bell, Binswanger, Brook, Coffey, H. C. Fenton, Giesy, Gillespie, Jefferson, E. D. Johnson, A. H. Johnson, Josephi, Labbe, Moore, K. A. J. Mackenzie, Mackay, H. F. Rand, Saylor, Smith, Tucker, Walker, Wheeler, Wilson and Yenney. Visitors: Drs. Cobb, Gilbert, Hutchinson and Marsh.

The application of Dr. G. B. Story to membership was endorsed by Drs. Bell and Tucker, and was read and referred to the Board of Councillors for report at next meeting.

The following specimens were presented during the course of the meeting: Dr. A. J. Giesy presented a mass consisting of the uterus, ovaries and tubes with a sub-mucous fibroid tumor attached. The doctor explained and gave the details and clinical symptoms present in the case. There was severe hemorrhage, not associated with pain, etc. Examination was difficult, the patient being large and fleshy. A mass was found high up, the vagina and around it suggesting the presence of a submucuous fibroid in the course of spontaneous delivery. The operation revealed that the tumor had simply pushed a pouch-like portion of the vagina ahead of it. After completion of the operation, which was a very difficult one, grave symptoms suddenly appeared, and, in spite of prompt measures of relief, the patient died on the table. Careful investigation of all the attendant circumstances

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suggested the anaesthetic as the most probable cause of the fatality.

Dr. R. C. Coffey showed a tubercular kidney with pus sack. The history of the case dated back four years, when the patient began to notice pain in the right side well up under the ribs. She first consulted a doctor about six months ago, when her friends began to notice that she was losing flesh and looking pale. Nothing could be detected at this time, so the physicians in charge of the case were of the opinion that the seat of the lesion was in the liver or gall ducts. No tumor or gall ducts could be found at this time. Two months later she consulted another physician, who found an enlargement about the region of the gall bladder, at the same time he suggested that it might be renal in origin, but urinalysis failed to reveal any abnormal condition. By this time the woman was very anaemic, health and strength failing rapidly. In September, Dr. Coffey saw the case, and it was decided to make an exploratory incision, the probable diagnosis was either malignant disease of the kidney or of the liver. Incision made midway between the median and the axilliary lines revealed an enlarged kidney posterior to the peritoneum, and it was decided to remove it. It was found that the kidney was a broken down tubercular mass extending towards the median line, and well up under the liver, making it impossible to diagnose between malignant disease in the region of the gall bladder or malignant growth on the kidney itself.

Dr. K. A. J. Mackenzie showed an uterus of very small size containing an adeno-carcinoma imbedded in its walls, which was removed from a woman 60 years of age. The symptoms consisted of a watery discharge from the vagina, no pain, no odor. Operation revealed the specimen on view and a pan-hysterectomy was performed.

The paper of the evening, "The treatment of Acute Pelvic Peritonitis," was read by Dr. A. J. Giesy. The treatment of this disease, said he, was based upon general principles; first, by recognizing the bacteriological factors, namely, gonococci, streptococci, staphylococci and communi coli, and, second, by eliminating local or surgical means. After discussing rest and diet, the question of or destroying them, either by general opiates was touched upon. The doctor favored the guarded administration of the latter for the relief of pain, the reduction of high temperature, rapid heart action, excitability, etc., in the very acute stages, later on he had had excellent results from sodium bromide and antipyrine combined. An important part of the treatment was the administration of salines and calomel, thus unloading the portal circulation, relieving pelvic congestion, stimulating osmosis, etc. Enemata he thought, should not be given; as a rule, antipyretics are rarely indicated, but high temperature could be relieved when necessary by Phenacetin. Locally, the doctor found that ice bag over the tender area was more preferable than hot applications. In recurrent cases hot douches of sterile, saline solution used in large quantities gave good results, but in recent cases more radical measures are indicated. The vagina is first treated and the uterus is irrigated with bi-chloride solution and if the symptoms are not modified in 24 hours the patient is anesthetized and the uterus is carefully curetted and packed. The technique of this operation was given in all its details, operative and post-operative. Regarding the antistreptococci serum treatment, all he could say, at the present time, was that it had been

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used in one case without any success that he could observe.

The discussion was opened by Dr. E. F. Tucker, who stated that he had enjoyed the paper very much. Pelvic peritonitis was a very common occurrence in practice, and as a rule gonococci infection was the most common cause. He agreed with Dr. Giesy in the treatment advocated. It was seldom in his experience to find free pus in the pelvic cavity, and he was not in favor of attacking the situation through an incision in the vagina, and much preferred drainage through the abdominal route for many reasons. He had never operated through the vagina but that he had to operate again. The vaginal incision heals up too quickly, and sometimes a fistula forms; again, the gauze in the abdomen is cleaner and can be kept clean, but it is very hard to keep the vagina aseptic. In recent years he had been treating cases of this kind by refraining from irrigation, simply keeping the parts clean and dry, and he was agreeably surprised to find the advantages of such simple measures, compared to what used to be done.

Dr. S. E. Josephi disagreed with Dr. Tucker regarding the origin of probable peritoneal infection, and discussed routes possible for such to appear ,namely, by the fallopian tubes, lymphatic system or direct from the uterus itself. He also disagreed with Dr. Tucker respecting the mechanical effect alone said to be due to irrigation. The vagina has a flora of its own, and chemicals in solutions destroys them as well as the phagocytes.

Dr. A. C. Smith said that he enjoyed the paper on account of its practical character, also its brevity. Agreed with the doctor in regard to the treatment of opiates, combined with absolute rest, but as soon as chills and variable temperature appears the case becomes a surgical one. The question is, is it laporotomy or vaginal incision? He took issue with Dr. Tucker on this point. The abdominal route is dangerous, drainage is better and easier maintained by the vaginal route. In the abdominal route drainage is uphill, and there is more risk of a general peritonitis. In the vagina the general abdominal cavity was not so liable to be infected, and upon the whole he thought the vaginal route was more to the interest of the patient.

Dr. R. C. Coffey said that the treatment outlined in Dr. Giesy's paper could not be improved upon. He drew attention to the work of Dr. Oxener, of Chicago, who proved that absolute rest to the stomach and gut, by the withholding of food, inhibited peristalsis, and that the result was the stoppage of inflammatory processes in progress. He also took issue with Dr. Tucker, and discussed the advantages of the vaginal route.

Dr. K. A. J. Mackenzie said that it was well to classify these cases as medical or surgical, that the medical ones are limited, indeed they take care of themselves, but it depends upon the kind of bacteria found. He also agreed upon the value of opiates, salines and calomel, but where is the wisdom of treating a pent-up infection otherwise than by established drainage. The incision is easily made and the danger relieved. When the tubes are high up they can be drained by the vaginal route, but when low down there could be no doubt that drainage was better effected by an incision there.

Dr. E. J. Labbe said that one point in the abdominal incision was, that an incision there relieves intra-abdominal pressure. In vaginal cases infection is carried up; they do very well for a while, but, as Dr. Tucker

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points out, the incision closes up and the abdominal wound heals by granulation. Dr. Tucker said that there is no pus left in the cavity when the operation is completed. It is very hard to sterilize the vagina, and he also said that he had never lost a case yet by the abdominal operation.

Dr. E. D. Johnson gave his experience in treating a morphine habituee, when deprived of the drug, during operation for appendicitis.

Dr. R. L. Gillespie asked if a one in a two-thousand solution of bichloride was not too strong in douching out the vagina?

Dr. Giesy said, in closing the discussion the vaginal route had the advantage; that it was quickly done, and gave less shock to the patient. He also stated that it was not wise to operate in acute cases, that is the class of cases his paper had referred to. In reply to Dr. Gillespie, he said that the strength of bichloride used in douching the vagina was as he stated, but it was only used tentatively.

Dr. O. S. Binswanger reported a case of vomiting in an infant where labor had been normal; two days after the child vomited a half cup of blood; since then all nourishment has been persistently vomited. The bowels had moved satisfactorily, and suprarenal extract was administered.

Dr. K. A. K. Mackenzie reported a case of malignant disease of the uterine-adnexia. The ovaries were enlarged, the uterus not involved. Every part of the adnexia touched by the omentum presented a string of growths.

He also referred to two cases of appendicitis treated by the method of Oxener, that is, the withholding of all food for a considerable time.

Dr. A. C. Smith reported four cases of breast operations, where extensive removal of glands from the axilla and sub-clavical region were treated by the Halstead method, except that a portion of the skin was left for coaption without skin grafting. Primary union was obtained in every case except one, which was operated upon a year ago, the growth appearing in the other breast, and was so small that removal was not done until microscopic report of malignancy had been received. He also reported a case of appendicitis in a man 26 years of age. Early symptoms were typical, but one week later deep seated pain appeared in the back, and an incision high up anteriorly and more exterially was made, and an abscess was found and drained post caecal. He also reported a case of appendicitis in a woman aged 21 years. The appendix was perforated near its base, but perforation had not extended to the peritoneal covering.

Dr. Henry Waldo Coe reported that the case of attempted suicide had been discharged from treatment, to all intents and purposes cured.

Dr. S. E. Josephi reported a case of complete absence of the vagina in a patient 18 years of age; she had never menstruated. The breasts were well developed and the vulvua looked natural; inside there was a thickening of the hymenal opening.

Dr. A. W. Moore reported a case of pregnancy with deformed pelvis, which was first seen by him in the third month. The deformity was due to infantile paralysis, and the pelvic measurements were all more or less shortened. It was decided, in consultation to watch the case until the eighth month, and then rupture the membranes, which was done at St. Vincent's Hospital recently, and a healthy child, weighing 6½ pounds was born, delivery being by forceps.

The president, Dr. Harry Lane, said that he would like to have some expressed opinion from the members

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on the question of the Pure Food Laws. If the society were in favor of the same it would be actively ventilated by the press, that is, if the moral support of the society were assured. He called upon Drs. Wheeler and Binswanger to discuss the subject.

Dr. O. S. Binswanger said that he had investigated the character of the milk supply and found it deficient in specific gravity and low cream value, and the sediment, he believed to be, bovine excretions.

Dr. C. H. Wheeler related some details of some habits of Chinese.

After other remarks the society adjourned. DR. A. D. MACKENZIE,
Secretary.

Eastern Oregon District Medical Society.

A primary meeting of the medical men of Eastern Oregon was held in Pendleton, Oregon, November 27th, in the Commercial Club, for the purpose of forming an association comprising the following counties: Wasco, Sherman, Gilliam, Wheeler, Crook, Harney, Grant, Morrow, Malheur, Umatilla, Union, Wallowa, Klamath, Lake and Baker, which counties, being east of the Cascade mountains, the society will, therefore, be known as "The Eastern Oregon District Medical Society."

The business session was called to order at 2:40 p. m. Dr. J. L. Miller was elected temporary chairman, and Dr. T. M. Henderson secretary, pro tem.

A committee on permanent organization was appointed, consisting of Drs. C. J. Smith, of Pendleton; G. W. Tape, of Hot Lake, and J. Griswold, of Helix. The committee was instructed to report at the evening session.

A discussion followed regarding the amount of territory it should cover, and it was unanimously decided that it should cover the whole of Eastern Oregon.

The meeting adjourned at 4 p. m.

Evening session convened in the association rooms at 7:45 p. m. The committee on permanent organization reported, and fixed the place and time of the next meeting, which is to be held at Pendleton, Oregon, January 16,1902, at 10 a. m.

There being a number of distinguished medical men present at the meeting, two of whom were members of the executive board of the State Medical Society of Oregon, they were requested to make addresses on medical topics, which they did in the most fitting manner.

Dr. Andrew C. Smith, of Portland, gave quite an extensive talk on appendicitis, and brought out many valuable original points, which he has obtained from his vast experience in the handling of that disease, both surgically and medically.

Dr. Harry Lane, of Portland, ex-superintendent of the Oregon State Insane Asylum, was with us, and gave a very interesting talk on the treatment and general care of the insane, which was well taken.

Dr. J. F. Dickson, of Portland, gave a very graphic description of asthenopia, due for the most part to eye-strain or defective vision; also mentioned the legal aspect of purulent ophthalmia.

At 9:30 the meeting adjou ned to the Pendleton Hotel, where a boun teous feast was held. During the banquet many short stories were indulged in. It is said that "it is a long lane that has no turning." Dr. Harry Lane is not so short, and his turn came quite often, to the pleasure of all present.

At the conclusion of the banquet Dr. Woods Hutchinson, of Portland,

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gave a very able address on pulmonary tuberculosis.

The sentiment of all present was to make this the largest and most interesting and best attended district medical society in the United States.

There were about twenty professional men present, among whom were the following:

J. F. Dickson, Portland.
Woods Hutchinson, Portland.
Andrew C. Smith, Portland.
Harry Lane, Portland.
G. W. Tape, Hot Lake.
G. U. Snapp, Cottage Grove.
J. Griswold, Helix.
R. E. Ringo, Helix.
C. J. Smith, Pendleton.
W. House, Pendleton.
J. L. Miller, Pendleton.
D. J. McFaul, Pendleton.
T. M. Henderson, Pendleton.
C. F. Marshall, agent for the American Medical Association, Chicago, Ill.

T. M. HENDERSON, Sec.

BOOK REVIEW

Wolf's Physiologic Chemistry. A Laboratory Handbook of Physiologic Chemistry and Urine-examination. By Charles G. L. Wolfe, M. D., Instructor in Physiologic Chemistry, Cornell University Medical College, New York. 12mo volume of 190 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth $1.25 net.

The object of this book is to supply to students and practitioners of medicine a guide to a course in physiologic chemistry and the examination of the urine and the contents of the stomach. The first part of the book is taken up with simple exercises in physiologic chemistry, which will give an elementary insight into the chemical side of physiologic processes.

In the part of the book which deals with the urine and the gastric contents, no tests have been made which do not rest on a good chemical foundation. The aim has been to give as few tests as possible, and these to be chosen for their suitability for purely clinical needs. No operations are described which have not undergone a thorough trial with students in the laboratory.

Warwick and Tunstall's First Aid to the Injured and Sick. By F. J. Warwick, B. A., M. B. Cantab., Associate of King's College, London; Surgeon-Captain, Volunteer Medical Staff Corps, London Companies, etc.; and A. C. Tunstall, M. D., F. R. C. S. Ed., Surgeon-Captain Commanding the East London Volunteer Brigade Bearer Company; Surgeon to the French Hospital and to the Children's Home Hospital; etc. 16mo of 232 pages and nearly 200 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $1.00 net.

This volume of practical information is intended as an aid in rendering immediate temporary assistance to a person suffering from an accident or sudden illness until the arrival of a physician.

The importance of first aid is indisputable as a life-saving expedient, for upon the promptness and efficiency of the aid first rendered the patient depends, in a great measure, the termination of the case.

The authors, fully appreciating the urgency of the subject, have succeeded in producing an admirable work of practical emergency procedures. and they have couched it in such clear and unequivocal language that even those entirely unfamiliar with

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the science may easily grasp the meaning intended.

It will be found a most useful book of ready aid, and of valuable service, not alone to nurses, railway employes, etc., but also to the laity in general, as a book of indispensible first aids.

Atlas and Epitome of Bacteriology. A text-book of Special Bacteriological Diagnosis. By Prof. Dr. K. B. Lehmann, Director of the Hygenic Institute in Wurzburg; and R. O. Neumann, Dr. Phil. and Med., Assistants in the Hygienic Institute in Wurzburg. From the Second Enlarged and Revised German Edition. Edited by George H. Weaver M. D., Assistant Professor of Pathology, Rush Medical College, Chicago. In two volumes. Part I, consisting of 632 colored figures on 69 lithographic plates. Part II, consisting of 511 pages of text, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth $5.00 net.

This work supplies what was really a long-felt want in the field of bacteriologic diagnosis. The plates in this work are fully up to the standard of the other excellent things which have preceeded it in the Atlas' series, and if anything many of the plates are even prettier than any which have gone before. The description and grouping of the varieties of bacteria and the rational naming of the same and the system of nomenclature originating with the author deserves the greatest commendation. The work is written in a language concise, easy and intelligible. The work is to be highly commended.

A Treatise on Surgery by American Authors. For Students and Practitioners of Medicine and Surgery. Edited by Roswell Park, M. D., Professor of Surgery in the University of Buffalo, N. Y. New (3d) Edition in one Royal Octavo Volume of 1350 pages with 692 engravings and 64 full-page plates in colors and monochrome. Cloth, $7.00 net; leather, $8.00, net. Lea Brothers & Co., Philadelphia and New York.

It is less than five years ago that the first edition of this great work was presented to the surgical fraternity in a special large edition, which was followed by the second edition less than two years ago. American surgery is today the world's greatest surgery, and Dr. Park and his fellow collaborators are at the very head and front of American surgery. Dr. Park's recent connection with the lamented McKinley was a source of satisfaction to the whole world, for in every hamlet in the land medical men were in a position to reassure the neighbors that whatever could be done, in surgery, would be done for our martyred president.

The book first covers the ground of principles, and then practice is entered into in all its departments, and it is so divided that it may be of service to students, both early in the study of medicine, and those who are post-graduates. We commend the liberal enlargement of the illustrated portions of the book, there being nearly 700 pictures and 64 full page plates in colors. The work is comprehensive and covers 1,400 pages of matter, is elegantly printed, and its publishers also deserves praise for their portion of the work.

A Text-Book of Medicine for Students and Practitioners. By Dr. Adolf Strumpell, Professor and Director of the Medical Clinique at the University of Erlangen. Third American Edition. Translated from

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the Thirteenth German Edition by Herman F. Vickery, A. B., M. D., Instructor in Clinical Medicine Harvard University, and Philip Coombs Knapp, A. M., M. D., ex-President of the American Neurological Association, etc. Editorial Notes by F. C. Shattuck Jackson, Professor of Clinical Medicine Harvard University; 185 illustrations, one plate. New York. D. Appleton & Co., 1901.

The present is the 13th edition of a book which has been largely a text-book on practice in most of the civilized countries of the globe. The author recently confesses that in every new edition of this work, on account of the zeal and energy which medical men every where are showing, it has been difficult for any one man to keep up with the progress of the science. Thus, therefore, it is only by the aid of a large corps of carefully selected assistants has Strumpell been able to bring the present volume down to date, which, however, has been done in a splendid manner. Large portions of the present work have been completely re-written, especially upon the whole doctrine of gastric diseases, as well as the sections on gall stones and intestinal parasites, etc.

The Standard Medical Manual: A Hand-Book of Practical Medicine. By Alfred S. Burdic, M. D., Junior Professor of Practice of Medicine, Illinois Medical College; Member of the American Medical Association, the Illinois State Medical Society, etc. Pages, 921. Illustrated. Price, cloth, $4.00. G. P. Englehard & Co., Chicago.

The "Standard" is not, as its name implies, to be taken as the standard text-book on the practice of medicine, the word "Standard" having been taken from the Medical Standard, with which the author has long had connection. The doctor, in his many years' experience in this work, has been gathering data of an extremely valuable sort, much of which has not been found in other works, and which he has in due time been induced to present in the present volume of nearly 1,000 pages. Unusual diseases and those belonging to the domain of specialists has been entirely eliminated, and that of tuberculosis, typhoid fever, diphtheria, scarletina, pneumonia, etc., with which the general practitioner is brought constantly in contact, have been given large prominence.

We commend especially that side of the book which has to do with therapeutics, as the book is full of splendid prescriptions from beginning to end, which will make it of special value to the man who seeks new things in therapeutics, and to the young practitioner who wishes to find something at hand for the moment.

Libertinism and Marriage. By Dr. Louis Jullien (Paris). Surgeon of Saint-Lazare Prison; Laureate of the Institute, of the Academy of Medicine, and of the Faculty of Medicine of Paris. Translated by R. B. Douglas. Size of page 5½ by 7½ inches. Pages v-169. Extra Cloth, $1.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

The little volume is before us, translated from this surgeon of St. Lazare, if it does nothing more than to call attention to the fact that young men acquiring sexual diseases bring great distress to the women who are to become their wives, will have accomplished a greater purpose than many books much more pretentious and having many more pages than the present one does. The

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introduction on professional discretion is something which is of special value to physicians, and will bear the closest reading by every doctor, specialists and young practitioners in the profession.

Gorman's Bacteriology. A Laboratory Course in Bacteriology. For the use of Medical, Agricultural and Industrial Students. By Frederic P. Gorman, A. M., Professor of Biology, Brown University; Bacteriologist to the Health Department, Providence, R. I. 12mo volume of 198 pages, with 97 illustrations. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $1.25 net.

Bacteriology is essentially a laboratory study. It is only by actual laboratory work that it can be taught in such a manner as to serve any useful purpose. It is also a subject of very general scientific interest. Courses in bacteriology are no longer confined to medical schools, but are being introduced into colleges and agricultural and industrial schools. This volume has been prepared as a guide to the practical details of laboratory work. It is intended to present the subject in such a general way as to lay a broad foundation for later specialization in any branch of bacteriology. By a judicious selection the course can be made to conform to the requirements of medical, agricultural, or industrial students, and we have seen no work that sets forth the subject in such a clear and concise manner, and in which every detail essential to progressive work in bacteriology

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"Chips" is a neat little volume published by the Junior Dentals of the College of Physicians and Surgeons, San Francisco, California, and contains much that brings to every one the happy remembrances of college days. Much of it is, of necessity, of a personal value to those present in the college, but to the outsider it proves beyond doubt that students are the same as of old, and one can, in a measure, renew his youth by glancing over its pretty pages.

Lectures upon the Principles of Surgery, Delivered at the University of Michigan by Charles B. Nancreade, A. M., M. D., LL. D., Professor of Surgery and Clinical Surgery; Emeritus Professor of General and Orthopidic Surgery, Philadelphia Polyclinic. With an Appendix Containing a Resume of the Principal Views Held Concerning Inflammation by Wm. A. Spitzley, A. B., M. D., Senior Assistant in Surgery, University of Michigan. Illustrated. 1899. W. B. Saunders, Philadelphia, Pa.

This volume of Dr. Narcreade's is the best suited to the wants of the student of any work on surgery with which we are acquainted, from the fact that the principles of surgery are everywhere paramount. It assumes that the student has a knowledge of bacteriology and pathology, and for this reason omits lengthy discriptions of bacteria, etc., mentioning them only as they naturally fall into place in illustrating the underlying principles upon which the science of surgery depends. It is a surgery devoid of what properly belongs to other branches, but, at the same time, using to its fullest extent whatever has been discovered in these allied works, applicable to the field of surgery. It covers the entire field of surgery, including anaesthesia, sterilization of instruments, dressings, etc., shock and its treatment, inflammation and the repairs of wounds, the granulomata, surgical fevers, gangrene, etc. Above all, it points

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out in the most clear and concise manner the underlying fundamental principles upon which a knowledge of surgery depends, avoiding as far as possible excessive details, but omitting none of the essentials for a full and complete elucidation of the point in hand. It is the very best work on the subject in print.

Progressive Medicine, Vol.III., September, 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 428 pages, 16 illustrations. Per annum, in four cloth-bound volumes, $10. Lea Brothers & Co., Philadelphia and New York.

The scope of this volume include the practical advances that have been made in diseases of the thorax, dermatology, syphilis, diseases of the nervous system, and obstetrics, and is of especial use to the general practitioner.

Dr. Ewart deals with pneumonia, tuberculosis and other conditions of the respiratory tract, and brings out in a very forcible manner the most recent advances that have been made in the treatment of these diseases, and especially tuberculosis. The surgical treatment of the lungs and pleura are also ably considered.

The section on dermatology and syphilis is written by Dr. Gottheil, and discusses, among other modes of treatment, photo-therapy and the Finsen light treatment.

Dr. Spiller, in the section on nervous diseases, devotes a great deal of space to an able discussion of tumors and abscesses of the brain, as well as many of the common forms of diseases of the brain and cord, with especial reference to their symptomatology and diagnosis.

Dr. Norris discusses the treatment of eclampsia, and gives a resume of the most recent views on symphysiotomy. The subject of lumbar anaesthesia, as employed in obstetrics, is also fully considered, with reference to cause. The same painstaking care on the part of the publishers to make Progressive Medicine the most valuable addition to the physician's library is noticed in this, as in preceeding volumes.

The Living Age fulfills its function of presenting the best things from Continental as well as from English sources by beginning, in its issue for November 23, a serial story by Jean Rameau, entitled "A Father of the Fields," which, in its vivid and truthful pictures of rural life, reminds one of the best work of Rene Bazin.

The Edinburgh Review's article on "Party Politics and War," which has attracted unusual attention in England, has been commended for its fairness alike by supporters and critics of the government, is printed in full in The Living Age for November 30. It is the most important presentation of existing political conditions in England which has been published.

A System of Physiologic Therapeutics

A Practical Exposition of the Methods, Other than Drug-Giving, Useful in the treatment of the sick. Edited by Solomon Solis Cohen, A. M., M. D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College, etc. Volume 11. Electrotherapy, by George W. Jacoby, M. D., Consulting Neurologist to the Ger-

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man Hospital, New York City; to the Infirmary for Women and Children, etc. In two books: Book II, Diagnosis; Therapeutics. Illustrated. Published by P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia, Pa. Price, eleven volumes, $22.00 net.

The second volume of this great work is before us, the greatest volume, complete in itself, upon the subject of Electrotherapy which has ever been issued. One wonders, first, how Blakiston's can afford to print the book, the whole eleven volumes to cost but $22.00, being but $2.00 per volume; 325 large pages heavy paper and all new plates being in the pres ent issue. The names of the authors are enough to warrant to the reader the high grade character of the contents, and we have not been disappointed on going through the book in detail.

The physical comportment of electric currents through the human body is a clear description of a subject ordinarily little understood as herein described. The addenda of 100 pages is highly useful and covers the newer field of X-Ray therapy and electricity in surgery, as well as certain special departments of the highest importance to every practitioner of medicine. The various form of electric baths are fully described under appropriate heads. The book is a modern exponent of advanced electrotherapy and a strong ally of the modern all around therapist.

Manual of Chemistry.

A Guide to Lectures and Laboratory work for beginners in Chemistry. A text book especially adapted for Students of Medicine, Pharmacy and Dentistry. By W. Simon, Ph. D., M. D., Professor of Chemistry in the College of Physicians and Surgeons of Baltimore. Seventh edition, thoroughly revised. With sixty-six illustrations, one colored spectra plate, and eight colored plates, representing sixty-four reactions. 1901. Lee Brothers & Co., Philadelphia and New York.

In this, the seventh edition, the author has added, as far as possible, all the recent advances that have been ade as the result of the latest scientific investigation. The first part deals with the use of many instruments needed in chemical work, such as the spectroscope, polariscope, etc., and electrolysis and the ionic theory, are briefly considered. It deals principally with chemical physics.

The second part deals with those principles of chemistry which are the foundation of the science, and deals briefly with the theories regarding the atomic constitution of matter.

Parts three and four are devoted to the consideration of the metallic and non-metallic elements and compounds. Part five deals with analytical chemistry; gives elaborate methods for quantitative and qualitative work Part six treats of organic chemistry. Part seven deals with the principal facts of physiological chemistry, and was prepared especially for medical students, and great care has been taken to incorporate the most modern methods for chemical examination in clinical diagnosis. The book is well bound and properly illustrated.

Syphilis of the Liver.

Max Einhorn (Med. Record) describes a number of cases of syphilis of the liver. These cases, he says, may be divided into three groups: (1) Gummata of the liver (2) syphilitic cirrhosis of the liver; and (3) cases belonging to either of the above groups, but associated with icterus. Among the prominent symp-

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toms are pains in the right hypochondrium, which may be constant or paroxysmal; various disturbances of digestion; a feeling of tension in the upper part of the abdomen; malaise, restlessness and weakness. Icterus may be either acute and temporary or it may become chronic. The color of the skin, in patients not suffering from icterus, is unchanged. In whatever group the case belongs, the organ is usually more or less enlarged. If gummata are present they may frequently be recognized as somewhat uneven, round, hard nodules on the surface of the liver. If there is a cirrhotic process due to syphilis, a marked swelling of the organ is encountered. In the more advanced stages of syphilis of the liver, amyloid degeneration appears. The organ, then, presents a harder and smoother appearance than normally. Enlargement of the spleen was not of constant occurrence in Dr. Einhorn's cases. Ascites may develop late. The diagnosis is often difficult, especially of enlargement or a tumor of the liver without other signs of syphilis. Malignant disease may be ruled out if the disease has lasted for some time (one and one-half to two years or more); if there exist syphilitic manifestations, and if there has been no considerable loss of weight, the resistance encountered in the liver may be looked upon as in all probability syphilitic. On the other hand, a slow, steadily progressing affection of the liver, without periods of comparative well-being, with considerable loss of strength and weight, together with the presence of a neoplasm in the digestive tract (esophagus, stomach, bowel) would speak for the maglignant nature of the neoplasm. An increase of eosinophile cells in the blood according to Neusser points to syphilis. A disappearance of the tumor after a tentative antiluetic treatment argues most positively in favor of gumma. The prognosis Dr. Einhorn does not think so bad as others have stated. Of ten cases reported, only one died. The treatment consists in the use of potassium iodide alone or combined with inunctions of mercury. In icterus he has found glycerine (teaspoonful three times a day, one-half hour before meals) of great service.—Medical Standard.

Subcutaneous Injections of Paraffin in Surgery.

Ludwig Moszkowicz (Wien Klin. Wochenschrift, June 20) says: The paraffin employed should be white, of the consistency of lard ,and have a melting point of 96.8 to 104°. Liquid and solid paraffin should be mixed until these properties are obtained. Hard paraffin irritates the surrounding tissues and may cause suppuration; besides, in order to prevent its solidifying in the needle of the syringe, it must be injected very hot, and there is danger of producing thrombrosis in the neighboring veins and subsequent pulmonary embolism.

That is the probable explanation of the case reported by Pfannenstiel, who injected solid paraffin with a melting point of 113° for incontinence of urin, and observed symptoms of pulmonary embolism. In more than 30 cases, in which paraffin has been injected, in Gersuny's clinic, no accident has occurred. The paraffin employed is semi-liquid at body temperatures, which become encapsuled without exciting any inflammatory symptoms. Where the tissues are dense and unyielding Schleich's infiltration-anesthesia should precede the injection of paraffin, of which only small quantities should be introduced at a time. When first introduced the

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subcutaneous paraffin feels doughy, a week later it is tough, but still capable of some alteration of outline when pressed, and in one or two months, that is after encapsulation, its hardness is cartilaginous.

The following technique should be followed: The paraffin is sterilized by boiling in a porcelain dish over an open flame. The dish is then placed in cold water. The syringe is then filled when the paraffin is still liquid, but the injection is not made until it has regained its normal consistency and issues from the needle in a fine worm-like thread. Unless the needle is accidentally introduced into a vein embolism is then probably impossible.—Medical Record, Landon.

Treatment of Broncho-Pneumonia.

Caille (Post-Graduate) says that the great danger in this disease is suffocation, through filling up of the air cells with secretion and from heart failure and pulmonary edema. Here heart tonics and expectorants are indicated. In desperate cases raise the foot end of the bed four inches, and so get gravitation of secretions toward the mouth or make use or artificial respiration. Good results from venesection are hardly to be expected in young children. As a stimulant and heart tonic he uses camphor, strychnine or nitroglycerin, and occasionallly digitalis or ammonium carbonate. You may give half a grain of camphor in five grains of sugar or

Camphor gr. 15.
Ol. amyg. dulc dr. 11.
Sig. Five minims hypodermically.

Or you may give champhor (½ gr.) digitalis (1 gr.) and benzoic acid (3 gr.) combined. Caffein and sodium benzoate (1 to 2 gr.) may be given hypodermically. Whisky and water may be given if necessary. If the fever is from 105 to 106° F. and there is such twitching that convulsions are feared, antipyrine (3 to 5 gr.) may be given in water per rectum. This will reduce the fever two or three regrees for several hours. When the acute attack is over and resolution is delayed, potassuim iodid should be given by mouth or by rectum. In delayed resolution, with or without fever, think of serous or purulent effusion, and use the aspirating needle to detect it.—Med. Standard.

Report of the Autopsy on President McKinley.

Harvey R. Gaylord (Philadelphia Medical Journal, October 19, 1901,) says that in summing up the macroscopic and microscopic findings of the autopsy the following may be stated: The original injuries to the stomach wall had been repaired by suture, and this repair seems to have been effective. The stitches were in place, and the opening in the stomach wall were effectually closed. Firm adhesions were formed, both upon the anterior and posterior walls of the stomach, which reinforced these sutures. The necrosis surrounding the wounds in the stomach did not seem to be the result of any well defined cause. It is highly probable that they were practically terminal in their nature, and that the condition developed as a result of lowered vitality. In this connection there is no evidence to indicate that the removal of the omentum from the greater curvature and the close proximity of both, had any effect in bringing about the necrosis of the gastric wall, although circulatory disturbances may have been a factor. The fact that the necrotic tissue had not been affected by digestion strongly indicates that the necrosis was developed shortly before death.

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The excavation in the fat behind the stomach must be largely attributed to the action of the missile. This may have been the result of unusual rotation of a nearly spent ball, or the result of simple concussion from the ball passing into a mass of soft tissues. Such effects are not unknown. The fact that the ball grazed the superior aspect of the left kidney, shown by the microscopic investigation of that organ, indicates the direction of the missile, which passed in a line from the inferior border of the stomach to the tract in the fat immediately superior to the kidney. There was evidence that the left adrenal gland was injured.

The injury to the pancreas must be attributed to indirect, rather than direct, action of the missile. The fact that the wall of the cavity was lined by fibrin, well advanced in organization, indicates that the injury to the tissue was produced at the time of the shooting. The absence of bacteria from the tissues indicates that the wound was not infected at the time of the shooting, and that the closure of the posterior gastric wound was effectual.

The necrosis of the pancreas seems to us of great importance. The fact that there were no fat necroses in the neighborhood of this organ indicates that there was no leakage of pancreatic fluid into the surrounding tissues. It is possible that there was a leakage of pancreatic fluid into the cavity behind the stomach, as the contents of this cavity consisted of a thick, grayish fluid, containing fragments of connective tissue. In this case the wall of fibrin would have been sufficient to prevent the pancreatic fluid from coming in contact with the adjacent fat. The extensive necrosis of the pancreas would seem to be an important factor in the cause of death, although it has never been definitely shown how much destruction of this organ is necessary to produce death. The wound in the kidney is of slight importance, except as indicating the direction taken by the missile. The changes in the heart, as shown by the macroscopic inspection and the microscopic examination, indicate that the condition of this organ was an important factor. The extensive brown atrophy and diffuse fatty degeneration of the muscle, but especially the extent to which the pericardial fat had invaded the atrophic muscles fibres of the right ventricular wall, sufficiently explain the rapid pulse and lack of response of this organ to stimulation during life. —The Medical Age.

When Shall We Operate in Appendicitis?

Dr. Frank A. Bunts, in the Medical News of December 1, 1900, believes that any case of appendicular inflammation can be operated upon at the beginning of an attack quite as successfully as, and often more successfully than, between attacks, for the reason that no one can positively state whether the patient will live through the present attack; and, because each succeeding attack, when completed, leaves the appendix, in consequence of adhesions, lymph deposits and increased abnormal relations, in a more unfavorable condition for operation. It is folly to wait under any pretext in cases characterized by great urgency and intensity of symptoms. The author does not insist upon an operation between attacks, because: (1) the patient may never have another; (2) the next attack is readily recognized and the diagnosis made very early; (3) an immediate operation is practically as safe and as easy as one between attacks.—N. Y. Med. Jour.

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PERSONALS.

..Dr. J. A. McNiven is spending some months in Butte.

Dr. M. G. MacNevin, of Butte, is visiting in the East.

Dr. J. S. Bishop, of Astoria, was in Portland recently.

Dr. J. York, of Eugene, was a recent visitor to Portland.

Dr. John Myers, of Silver City, Ida., was a recent Boise visitor.

Dr. Monahan, of Virginia City, has located in Butte, Montana.

Dr. M. C. Smetters, of Hunter's Hot Springs, has located in Butte.

Dr. G. W. Tape, of Hot Lake, Oregon, was in Portland recently.

Dr. E. E. Straw, of Klamath Falls, has moved to Marshfield, Or.

Dr. R. C. Monahan, recently of Chicago, has located in Butte.

Dr. W. H. Flannagan, of Grants Pass, was a recent Ashland visitor.

Dr. A. M. Dwight, of Virginia City, has located in Twin Bridge, Mont.

Dr. F. E. Adams and wife, of Albany, Oregon, were in Portland recently.

Dr. W. F. Smith, of Mountain Home. Oregon, was a recent Boise visitor.

Dr. F. W. McCrimmon is taking a short vacation on the Pacific coast.

Dr. Alex Reed, of Ione, Ore., was recently elected mayor of that city.

Dr. W. H. Davis, of Albany, Ore., was again elected Mayor of Albany.

Dr. Henderson, formerly of Cavalier, N. D., has removed to Souris, Man.

Dr. A. A. Jessup, of Salem, was recently on a business trip to Portland.

Dr. T. Geo. Odell, of Butte, has returned to Salt Lake, where he will locate.

Dr. J. P. Tamiesie, of Hillsboro, spent a day or two in Portland recently.

Dr. C. Munson, formerly of Tacoma, Washington, has moved to Alvarado, California.

Dr. C. A. Hauber, of Walla Walla, was a recent visitor to Waitsburg, Washington.

Dr. Edmond Klamke, late of Copenhagen, Denmark, has located in Ilwaco, Wash., having bought Dr. Gosnell's practice.

Dr. Corliss, of Sumner, Washington, is visiting friends in Michigan and Wisconsin.

Dr. T. J. Sullivan has returned to Butte, after spending six months working in New York.

Dr. J. R. Humphrey, of Granite, Montana, was recently visiting in Philsburg, Montana.

Dr. A. P. Stowell, formerly of Goldendale, Washington, has removed to Vancouver, Washington.

Dr. J. H. Johnson, company physician of the Bridger coal mines, was a recent visitor of Red Lodge, Mont.

Dr. Twitchell, who has been visiting at Aberdeen, Washington, has returned to his home at Roseburg, Oregon.

Dr. James Sutherland, of Spokane, Washington, spent a few days recently with relatives at The Dalles, Oregon.

Dr. Fagan, secretary of the Provincial Board of Health, of Victoria, was in Nelson, B. C., on business connected with his office.

Dr. H. R. Smith, a surgeon from San Francisco, has formed a co-partnership with Dr. J. S. Herndon, of Ashland, Oregon.

Dr. C. Gertrude French, of Portland,

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was called home by the sudden serious illness of her father, Mr. Smith French, of The Dales.

Dr. John Scanlon will open an office at Ridgefield, Washington, succeeding Dr. J. M. P. Chalmers, who is now located in Vancouver.

Dr. J. P. M. Chalmers, of Vancouver, Washington, has been appointed a member of the State Board of Medical Examiners for Washington.

Drs. J. F. Blair, Grace Cahoon, J. B. Freund, Bertha Mackel, W. W. Taylor have become members of Silver Bow County Medical Association.

Dr. Frank, of North Yakima, Washington, recently enjoyed a short vacation, Dr. Lyman looking after the doctor's patients during his absence.

Dr. S. H. Knowles, of San Francisco, California, has located in Bremerton, Washington. Dr. Knowles was formerly assistant surgeon in the U. S. army.

Dr. Z. T. Daniel and his bride were visiting friends in Toledo, Oregon. After spending a few days in Newport they expected to go to their home at the Agency.

Dr. C. E. Worthington, of Wallace, Idaho, has purchased the pracitce of Dr. John Myers, of Silver City, Idaho. Dr. Myers seeks a milder climate than that of Idaho.

Dr. O. B. Prickett, of Billings, Montana, who has been suffering from a mild attack of smallpox, has been discharged cured, and is again able to resume his practice.

Dr. Crutcher, of Benton, Montana, was seriously injured by his driving horse running away recently. His right shoulder was broken, and he sustained internal injuries.

Dr. A. M. Dwight, of Virginia City, has located in Anaconda for the winter, as he found it impossible to continue the work at the copper Queen mines during the winter.

Dr. J. N. Weston, of Silver City, Idaho, who has been lying at the point of death, is now improving, and hopes are entertained that his complete recovery will only be a matter of a short time.

Dr. Shirley, of Boise, Idaho, is again able to be around attending to his practice, having recovered from the injuries he received in his recent runaway when his horse ran into a post, demolishing the buggy and throwing the doctor out.

Dr. D. F. Eakin, of Hillyard, Wash., is one of those examples which demonstrate that a man may retain vitality and vigor after many years' of practice of medicine, the doctor having been for 43 years actively engaged in such lines.

Dr. W. F. McNutt, Jr., son of Dr. W. F. McNutt, of San Francisco, who graduated at Harvard in 1900, graduated in London last month from the Royal College of Physicians and Surgeons. The doctor is now in Vienna taking a special course.

Dr. N. J. Brown, of Hailey, Idaho, intends to go East after the holidays for a six or eight months' trip, doing post-graduate work, principally at the large hospitals and colleges of New York and elsewhere, after which he will locate at Los Angeles, Cal.

Dr. Pietrzyski, of Dayton, Washington, has left for New York via the O. R. & N., where he will take one of the ocean greyhounds for Europe. He will be gone three months or more, and will visit the scenes of his boyhood in Hungary for the first time since his departure 37 years ago.

Dr. James McCurdy, who was a long practitioner of Walla Walla, and a well-known pioneer of the Walla Walla valley, died at Bellevue, Idaho, recently. Dr. McCurdy's death came at the advanced age of 81 years. Dr. McCurdy was one of the first prac-

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titioners to operate in the Walla Walla valley.

A partnership has been formed between Dr. F. M. Day, a young physician just out from Minneapolis, and Dr. C. H. T. Atwood, a resident physician of Eugene. Dr. Day is a graduate of the University of Minnesota, and held the chair of children's diseases in the University of Minnesota dispensatory.

Dr. Edmond Klamke has purchased the practice of Dr. Gosnell, of Ilwaco, Washington. Dr. Gosnell expects to visit the large cities of America, and then go to Berlin for special work. His many friends regretted his departure, and hope to see him again on the coast, when he has completed his post-graduate course.

Dr. French, of Montesano, Washington, has purchased the practice of Dr. Hill, of Elma, and will remove to that thriving little city. It is his intention, we understand, to open a hospital there. The genial doctor will be missed by every one, and Montesano society will regret to lose his estimable family.

Dr. J. V. Gosnell, of Ilwaco, Wash., has gone to Victoria, B. C., on a visit to his parents, from which place he will go to New York to take a post-graduate course of some months, after which time he will go to Europe, staying principally in Vienna, Austria, for a post-graduate course, returning about June, 1902.

Dr. J. C. Booth, of Albany, Oregon, has recently been having some experiences common to country practitioners. In crossing a stream he discovered, when too late, that the bridge was afloat. It was only a matter of a few seconds when the doctor and his team had to swim for the shore. Unfortunately he lost both his medical and surgical cases.

Dr. H. V. V. Johnson, of McMinnville, died at his home there December 1st, at the age of 78. He had been an invalid from paralysis for several years. The doctor came to Oregon in 1852, and located in McMinnville in 1863. He was a devoted Christian and much beloved by the children, as well as the grown people. His last words were an expression of his religious faith.

Dr. Charles L. Waterhouse died at the home of his father, Dr. L. P. Waterhouse, Spokane, Washington The deceased was 30 years of age, and death gave relief to the ravages of the "white plague," tuberculosis. He had held several railroad appointments in Washington and British Columbia. He was a graduate of Marion Sim's College, and also of Jefferson College, of Philadelphia. He leaves a wife and a child five years of age.

Dr. W. Lang Chapman, son of Dr. J. A. Chapman, a well-known citizen of Portland, and at one time mayor, died in San Francisco December 4. He had been a surgeon on the steamships of the Occidental & Oriental Steamship Company for about a dozen years. He was stricked with apoplexy on the evening of December 30th, and died at the Occidental Hotel December 4th, without having recovered consciousness. He was 42 years of age.

Dr. Sidney A. Smith, one of the pioneer physicians of Oregon, died recently at his home in Portland, of apoplexy. Dr. Smith was born in Richmond, Va., April 7, 1823. He studied medicine in Boston, and practiced there a short time, after which he came to Oregon, and located in Halsey, where he remained in active practice until 1899, when he moved to Portland. The doctor was one of the oldest Masons in Oregon, and a Knight Templar. He left a widow and one daughter, Mrs. Josephine Geary, of Junction City, Oregon.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES

The Idaho State Medical Society—President's Address.

By Joseph R. Numbers, M. D.
Weiser, Idaho.

Read before the ninth annual meeting of the Idaho State Medical Society.

It has been said that, upon feast occasions, with one memorable exception, it has been customary to set forth the best wine first, as, later on the guests will be less capable of discriminating between good and bad. However, as the flow of spirits exhibited during the first section of this feast of reason, are not to be of an intoxicating kind, it has been wisely arranged that the so-called president's address be served first while you are yet in a forgiving frame of mind, and the more entertaining numbers presented later on.

To be a versatile author, to be able to present a subject in a manner pleasing, entertaining and instructive, before an assemblage of medical men and women whose minds, drilled by long years of patient study, thought and research, are responsive only to the best things that may be said or written, requires of the man or woman undertaking the task, that they be endowed by nature with certain talents in that particular sphere, and still more, that those talents shall have been faithfully cultivated by persistent, conscientious observation and application of mind, with especial reference to those subjects which are most intimately associated with his or her life's work.

My environments for the past fifteen years, not having been particularly calculated to put a polish on any meagre latent talents of which I might have been possessed, or imbue any man with an ambition to startle the scientific world with the results of some original research, surreptitiously carried on. I have been, for twelve months past, confronted with this most serious problem; upon what topic may I intelligently and acceptably address my fellows of the Idaho State Medical Society, in conforming with the time-honored custom of retiring presiding officers of this society. This custom, however,, brings with it some very pleasant duties, as well as other obligations, to be approached with fear and trembling.

First, not having been present when selected to fill this responsi-

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ble position for the year 1901, I now beg to express my sincere and high appreciation of this cordial expression of your favor and confidence.

You have read or heard of the man who once said he had no fear of drowning, because he had made a careful study of the article on swimming in the encyclopedia. When his boat capsized, and he found himself in the water, his astonishment and chagrin at his helplessness were exceeded only by the delight with which he welcomed the timely arrival of an expert swimmer, who mercifully dragged him ashore.

Well, I have perused about all the presidential addresses delivered at medical societies in the United States for the past three years, and, the more of them I read, the less confidence I had in my ability to swim, so we will avoid deep water, and take up as little of your time as possible.

However, it is my pleasant privilege at this time to congratulate the members of the profession present that we are permitted to spend our lives during this era of the world's history, and, while I will not tire you with an exhaustive recapitulation of medical progress of the past century, it seems to me that it would be especially appropriate at this time that we spend a few moments with a brief resume of the past, and then, perhaps, attempt to project a horoscope of the future of our profession.

This year, above all others, should be one of the most memorable of our lives, having just witnessed the completion of a cycle of one hundred years, which has been by far the most notable in the history of the civilized world. Such progress has been made, and with such success have scientists pursued the ever-evasive secrets of nature, that on every hand have rich prizes been captured, and the century has been frequently punctured by discoveries of which former generations never dreamed.

Among the great, progressive and self-sacrificing heroes to whom this great advance is due, many are honored representatives of our loved profession, who have never followed, but always led. And in no other field of research have discoveries been made which have really benefitted mankind so much as these within the sphere of medicine and surgery.

The advance along all lines of surgical art and technique have undoubtedly been of a more tangible or positive character than that in the therapeutical application of remedies for the alleviation or cure of disease, and, as the public views with awe and bated breath the audacity with which the modern surgeon handles the organs of life, the general practitioner applauds with admiration his brilliant achievements.

Thus we are apt to overlook or underestimate the debt we owe the faithful hero who spends his years hidden from public view in some uninviting pathological or bacteriological laboratory, and many times laying down his life as a result of infection contracted while endeavoring to throw one more ray of light upon the cause of some malignant disease, or to discover a cure for it. How often is the great work of these men only appreciated or acknowledged long years after their life's work is done.

While I will admit that in this beginning of the twentieth century the art of surgery has assumed

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more nearly the status of a perfected science, and not in any sense detracting from the credit due the skillful operator who robs the grave of its victim when the last strand is all but severed, where all methods of non-operative treatment have proved futile, and where even Christian Science has been known to fail, yet it is not unreasonable to claim that discoveries have been made relative to the causation of disease, as well as its prevention and its cure, which have been of quite as much practical benefit to mankind and probably have been the means of saving more lives, than have been saved in all time by the knife.

How different have been the methods of progress of the two allied so-called sciences of surgery and medicine.

With the exception of the abrupt revolution of the first, from laudable pus to laudable cleanliness, we might assert that almost perfection has been obtained by extending the ladder and simply climbing higher by way of the same rounds securely planted by the pioneers of the art. Our more perfect knowledge of the anatomy and physiology of the human body, and more complete armentarium with improved method and technique, have carried us higher and higher without a single fall.

On the other hand, how often have we observed a beautiful theoretical structure, every round of which heralded the builder's mastery of some dread disease, suddenly topple and fall because of some fatal imperfection in the foundation or some defective link in the chain of reasoning of the always enthusiastic builder. How thickly are these wrecks strewn over the field sparsely dotted with complete monuments denoting therapeutical certainties or specifics in medicine.

Yet, when we observe the almost miraculous results of the timely use of antitoxine in that heretofore most dreaded disease, diphtheria, and with the light that seems to be dawning for serum therapy, are we not impressed with the fact that some are getting their foundations well down to bedrock? We do not have to draw very heavily upon our imagination to predict that the time is not far distant when every disease will be known to be caused by a specific germ, for which there will be a specific remedy, nor is it improbable that a generation will not pass away till we see the dread consumption not only stayed, but cured by a modification of Koch's lymph.

The profession of America may at least be proud of the advanced position it occupies in the field of preventative medicine.

The masses of the people, being more generally educated and more responsive to the new and advanced ideas of modern progress, it has been possible to inaugurate and practically enforce measures calculated to restrict incubation and spread of infectious or contagious diseases much more effectually than in most foreign countries, and in Utah.

Even in all our common schools today, the children are taught the rudimentary principles of prophylaxis, as advocated by eminent representatives of that noble profession, which is eternally trying to rid itself of an occupation by faithfully guarding the well-being and best interests of its fellow men, instead, as so often charged, spending its time inventing new maladies

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with which to afflict the suffering people. For my part I would have no objection to this benevolent arrangement if we could only direct the supply of afflictions already on hand to the proper addresses.

The tendency toward specializing, which has been so noticeable in recent years, has, I believe, been one of the prime factors in promoting the rapid forward march along all lines during the past score of years.

We all recognize the fact that the field embraced in the study of modern medicine and surgery has become so broad and the mass of home and foreign literature so vast that even the increased years of preparation now required by all reputable schools, it is impossible for any one man or woman to assimilate it all or to attain the highest degree of proficiency in all things.

And so I believe it is wise for even the general practitioner to devote his spare time, and give his especial attention to that particular class of work for which the first few years of general practice has demonstrated his peculiar aptitude.

Then, again, when we are all specialists, I suppose that upon some window will appear this modest notice:

"All diseases carefully assorted here, and promptly directed to proper treatment."

In this message, as it were, we should not be unmindful of our obligations to such scientists (though not of our profession) as Edison, Tesla, Roentgen, etc., whose discoveries we have so readily appropriated to our own use, both in electrotherapeutics and for diagnostic purposes.

I was also about to suggest resolutions of gratitude to our near relatives, the chemist and pharmacist, for the elegant pharmaceutals which have replaced the crude products of fifty, or even twenty-five years ago; but their thoughtful solicitude for our ease and comfort has so smothered us with such a profusion of superior combinations fully labeled, that even the layman may read as he runs and fully understand their uses, that it is sometimes a query with me whether their true purpose is to flood and float us out of the old ruts or drown us outright.

As this paper is somewhat of a medley anyway, I trust that you will pardon the cheerful abandon with which I jump from one subject to another—but you will remember that I cannot glide or swim.

While we are congratulating ourselves upon our great achivements and the high position now occupied by our profession, we must not imagine for a moment that we are entirely out of the jungle, that our paths are always strewn with roses, or that the dear people always appreciate our efforts in their behalf.

In our young state of Idaho, we have but recently acquired the right to hold up our heads and truthfully assert that as high a standing of competency is required of our practitioners as those in any other state in the Union. But to maintain that position we must defend it and the law, that when properly enforced, makes it possible.

As provided for by the new medical law enacted in 1899, a Board of Medical Examiners was appointed. It has been the desire of every member of the Board to faithfully carry into execution the purpose of the law, with favor

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or partiality to none and justice to all; but, as has been the early experience of similar Boards in other states, some unpleasant and very perplexing failures have presented themselves to the Board in its efforts to put this new law into effective operation.

In a few instances applicants have been refused licenses because of their inability to comply with the plain requirements of the law. Others have persistently and absolutely ignored the law in all its requirements, and some of the cases have been carried into the courts to determine the legal rights of the offenders. The Board has, almost without exception, found it impossible to successfully enforce the law, or to secure convictions, for one or all of several reasons:

One reason has been the lack of available funds with which to keep the wheels of justice in motion, many or most of such offenders being located in some remote or inaccessible part of the state, where, for members of the Board to personally direct investigation of charges or prosecution would necessarily be very expensive, and, as there is no fund to pay for the same, the members of the Board (not being multi-millionaires themselves), have been unable to push these cases with such vigor as might have been desired.

Again, we have found great apathy exhibited on the part of most local or county prosecuting attorneys, unless especially lubricated or additional counsel employed, which has been done at the personal expense of the Board so far as the members have felt themselves financially able.

Again, last, but not least important, while frequent appeals have been made to the Board to prosecute this or that bad man, the informer who is so anxious to have justice meted out to his obnoxious rival, almost invariably concludes his letter of advice with this postscript: "For heaven's sake don't mention my name in connection with this case!"

Consequently when it comes to a show down the prosecution is absolutely thwarted by not being able to produce the necessary evidence for conviction, even in cases where we have every reason to believe that most flagrant violations of the law have occurred.

Now, ladies and gentlemen, the first and one of the most important purposes for which this society was organized, was to secure by organized or united effort the enactment of a suitable law to regulate the practice of medicine in our state, and to further prevent it being made the dumping ground for the refuse of the profession of the rest of the Union.

I assume that every member is, or at least should be, just as much interested in seeing the law which has been secured, although it is not perfect, properly and impartially enforced, as any member of the State Board of Medical Examiners.

If this be true, then it is the duty of every reputable licentiate of the state to feel that he has a personal responsibility which will impel him to not only report cases of violation of the law, but to lend his personal efforts toward securing and placing at the disposal of the prosecuting official all obtainable positive evidence necessary to secure conviction.

Without such co-operation of the reputable members of the profession throughout the state, the pres-

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ent law can never be effectually enforced.

I present this as food for reflection, and hope that the matter may be brought up regularly for discussion later on.

Fellows of the Idaho State Medical Society, I thank you.

Rhus Glabra in Enuresis.

J. J. Cassidy (Can. Jour. Med. and Surg.) reports three cases of enuresis occurring in boys of 12 to 14 years of age. Each had received medical treatment prior to coming under the care of Dr. Cassidy. The lads were not sickly looking, and took active exercise. Two of them were undersized for their age, and were of the nervous temperament; the third, who was well grown for his age, was of the lmphatic temperament. Prior to his taking charge of them the only treatment pursued at the institution had consisted in restricting the amount of fluid taken at night, and in making the lads arise from bed every night about 11 p. m. in order to urinate. These precautions, however, proved unavailing. The prescriptions used were as follows:

℞ Iron citrate, gr. 160.
Syrup calcium lactophosphate, gr. 160.
Syrup cascara aromat aa. oz 2.
M. Sig. A teaspoonful after dinner (noon).

℞ Fl. ext. rhus glabra, m 320.
Syrup, q. s. ad. oz. 2.
M. Sig. Teaspoonful at bedtime.

This treatment was continued regularly from day to day, and without intermission, during the months of March, April, May and June, 1900, the lads being in good health and free from their complaint. During the months of July and August the treatment was discontinued, and has not been resumed since. In December, 1900, and January, 1901, two of the lads were treated for influenza, one of them having broncho-pneumonia but in neither cases did enuresis reappear. The third lad I did not see, as he did not return to the institution. Dr. Cassidy concludes that in two of these cases, probably three, rhus glabra produced more than a temporary effect. He believes that this was due to the continued effect of the vegetable astringent.

Seborrhea.

The methods hitherto employed for the removal of the crusts of seborrhea sicca have been either alkalies, by which the crust is more or less saponified, or, more usually, oils of one sort or another whereby they are liquified. Neither of these methods is very satisfactory. As the crust is composed chiefly of fat, it was thought that a solvent might act better, and benzene suggested itself. The first patient it was tried on was a young man aged 25. He was getting very bald, and had a thick crust of seborrhea sicca. It was applied with a shaving brush, and the whole thing disappeared in about two minutes. The benzene leaves the hair and scalp very dry, and inunctions must follow. For this, buy rum and castor oil, of each, one and one-half ounces, tr canth., two drachms aq., coloniae, one-half ounce, may be used every morning, and the benzene be repeated about once in five days. For mild cases of seborrhea-oleosa type, the benzene may be combined with an equal quantity of rectified spirits. No hairs are broken off in the removal of the crust. A considerable number of cases have been successfully treated in this way.—R. W. Leftwich, Brit. Med. Jour.

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Natural and Artificial Feeding of Healthy Infants.

By Amelia Zeigler, M. D.,
Portland, Oregon.

One of the most important factors in the care of an infant is the the selection and preparation of food, and the manner and regularity in which it is given.

The milk of a healthful mother is perfectly adapted to the needs of the infant.

The question of nourishment is a very simple one, when the milk is correct, both in quality and quantity, otherwise it becomes a matter which requires much thought and scientific knowledge.

The question whether a child, during the first four months shall be strong and healthy, or weak and puny, is often decided by its food.

The great mortality during the first year is a result either directly or indirectly to improper feeding.

All our rules for the preparation of foods used as a substitute are based on a thorough knowledge of the chemical composition and variation of mother's milk.

The average standard of healthy milk is as follows: Alkaline in reaction sp. gr. 1031, fat 4, sugar 7, proteids 15, salts 2 and water 87.3 per cent.

A knowledge of the capacity of the stomach is important, if we would avoid the common error of overfeeding. Average capacity during the first week, one ounce; fourth week, three ounces, with a gradual increase until the fifth month, nine ounces, and the ninth month twelve ounces.

The figures are the average, and each infant needs must be studied before a satisfactory modification may be secured, the greater the infant's weight, the greater its capacity.

It is often impossible to make a complete chemical analysis, and the physician must depend on simple plans of his own devising.

One of the best standards of judging of an infant's well-being is its general appearance, habits, disposition and increase in weight. Its flesh should be firm, cheeks, ears and lips of good color.

Breast-fed children show a daily increase of one ounce during the first and second months, while artifically fed show only an increase of five drams.

Mothers should be given implicit instructions in regard to their mode of living, care of breasts and nipples, frequency, duration and regularity of nursing.

If it be possible every mother should be insisted upon to nurse her child. We are aware that there are many women, no matter how willing, who are unable to nurse their children.

The difficulty can often be overcome if we improve the condition of the mother—where the mother's health is good, yet the secretion of milk scant I have her drink milk, usually a half hour before nursing, which increases the flow until the artificial feeding can be discontinued.

The rules as to the frequency and regularity of feeding are more important with bottle-fed than with nursing babies.

It is impossible to give simple rules by which every infant can be successfully fed.

The consensus of opinion is that modified cows' milk is much bet-

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ter than any of the proprietary foods, of which the times are so prolific.

Very often the mother gets the idea that a bottle-fed babe requires less attention, and allows more time for herself.

When properly instructed in regard to the care of bottles, nipples and all utensils used, preparation of food and filtering of same, they readily see that if they obey instructions it requires more time than nursing their babe. The constant and regular supervision of the family physician would go far toward lessening the frightful mortality recorded in all large cities during the summer months.

It is the experience of physicians, who have kept records of their fatal, or even serious cases, that diarrhoea among infants fed entirely at the breast is extremely rare.

Holt emphasizes this when he says that of 1,943 fatal cases only 3 per cent. were exclusively breast-fed.

J. S. Cameron says: "It is to the feeding bottle and to the infection of its contents, rather than to fruit, that attention must be especially directed, and that infecting diarrhoea practically never occurs, at least only in 3 per cent. of breast-fed children."

Crandall statement: "Children over four months, fed exclusively on condensed milk, are ill-conditioned, with starved muscles, nervous system, and catarrhal tendencies. They fall an easy prey to bronchial pneumonia in winter, gastro-intestinal diseases in summer, and infectious diseases during the entire year."

I have had cases do nicely on condensed milk, diluted with barley or oatmeal gruel, whichever was indicated, and dram doses of cod liver oil, given night and morning.

Have cows' milk diluted in the same way, adding sugar of milk and lime water.

Soxhelet of Moniah has devised this simple formula: "For a child nine months or less take the milk from a good dairy, dilute one-half and add to each eight ounces a teaspoonful of sugar of milk, dissolved in the water."

In many cases I add more than one-half water before the fourth or fifth month, then gradually decrease the water until it can be omitted, and in addition to milk sugar add cream and lime water, unless top milk is used, then I omit the cream. This is to be filtered through absorbing cotton before being used.

I have them given broths and fruit juices occasionally, and continue no one preparation of food for any great length of time.

Sterilizing and pasteurizing the milk has given some very good results—preference being given to pasteurization. In some cases peptogenic milk powder gave me the best results.

The city of Montreal with a total population of 300,000 gives the record that in two recent weeks the deaths among infants amounted to 116 and 117, respectively.

It seems a melancholy fact that at the end of the nineteenth century, a period that boasts such rapid progress and development in civilization, and undoubted advancement in all branches of medical science that one-third of all infants born die before they have attained the completion of their third year, and this largely due to improper feeding methods.

While we have made substantial progress in this branch of sani-

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tary science, that progress is mostly theoretical, not practical, for we are not able to supply a synthetic breast milk exact with the normal product. For the sake of helpless infants, who succumb in countless numbers every summer, parents should be brought to a proper conception of their duty in regard to this question of feeding, and be made to realize that it is an undoubted truth, established by the studies and scientific researches of the best minds of today that there is but one ideal food for an infant, and that is mothers' milk.

If the mother cannot nurse her child, or a proper wet nurse secured then what we require is some very simple plan of modifying cows' milk. When we have a simple, plain rule to follow then we may expect mothers to appreciate our efforts to obtain proper method of feeding.

We, as physicians, should devote more time to this important question of feeding infants.

Therapeutics of Pruritus Vulvae.

Sieburg (Centralbl. f. Gynak., Oct. 26, 1901,) says that pruritus is a secondary disease kept up by constant scratching and rubbing, and that in general he regulates the diet and forbids alcohol and spices. He recommends daily exercise and enough of it to induce a sense of fatigue and need for sleep. Morning and evening the patient should wash for about five minutes with soap and cold water, and through the day after each evacuation of the bladder. Carbolic washing is useful. An ointment is also recommended composed as follows: Cocaine 2.0, orthoform 1.5, menthol 0.5 carbolic acid 1.0, vaselin 20.0; to be used whether there is abrasion of the mucous surface or skin or not. Patients should always have their ointment at hand, so that they may never be without the means of relief, and be therefore driven to relief by scratching. The fissures are best treated by painting with a ten per cent. solution of sliver nitrate, after which they heal rapidly. In the evening a strip of gauze, spread with the above named ointment, is placed over the affected parts, and over this a thick pad of wadding, and kept in position by a T-bandage firmly put on. The pressure gives relief, and the patient cannot well get under the parts to scratch. If the disease has become chronic, and the skin is intact, Sieburg used the following mixture: Spir. rusci 50.0, acid salicyl. 0.5 resorcin 1.0, painted on after the usual washings. Along with the above the author has also used subcutaneous injections, first of all with weak solutions of cocaine and carbolic acid; since then he has learned that the effect is due not so much to any particular drug as to the quantity of fluid injected, and he now injects up to a third of a liter of physiological solution.—Progress of Med. Science.

Epilepsy Mixture.

The following is said to be the formula of the Brown-Sequard's epilepsy mixture:

℞ Ammonium carbonate, ʒ j.
Ammonium iodide, ʒ ss.
Potassium iodide, ʒ iss.
Ammonium bromide,
Potassium bromide,
Sodium bromide, aa ʒ iss.
Tinct. calumba, fl. ʒ iss.
Aq. ad fl. ʒ viij.

Sig. 1½ fl. ʒ before meals, and fl. at bed time.—Ex.

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Neurasthenia.

By Robert L. Gillespie, M. D.,
Portland, Oregon.

Read before the Whitman County Medical Society, January 13, 1902.

I think it desirable here to explain that in a paper before your society I do not profess to give a complete and systematic discourse on neurasthenia, nor of insomnia or nerve depression, nor is it possible to take up in detail its varieties, for they are many, but bring to your minds that such a condition exists, and that it is a disease, the management of which will try your patience, your skill, your judgment and your endurance.

In the course of your practice there comes frequently under observation cases characterized by a vague set of subjective symptoms, not always clearly definable by the patient, not very urgent, if judged by pain or by any objective signs, which may, indeed, be evidently absent, yet an individual so suffering may be incapacitated from his employment; he may cease to appreciate the pleasures and comforts of life, and have no real interest in what has previously absorbed him. His subjective feelings may express a distress, which he himself cannot describe, and which he expects no one else to appreciate or understand.

These cases vary in severity, from the lightest depression and sense of effort on exertion to the most aggravated forms, verging on true melancholia, or verging on the border of insanity. They are classed in various categories, such as nerve debility, nervousness, melancholia, hysteria, hypochondria, etc.

The treatment is characterized by its variety, and in a large proportion of cases by its uselessness. Many are sent on a voyage or a journey. These nearly always improve the health, but fail to cure the disease; the patient usually returns saying they are better, but not well. The recommendation is safe, and, therefore, justifies the advice. As far as medical treatment is concerned it includes all remedies ever discovered for a disordered stomach. Others intended to act on the nervous system, some of which are calmative or sedative, such as bromides, chloral, opium, etc., others, again, are tonic, such as strychnine, nux vomica, arsenic, zinc and other metals. Iron is often used most indiscriminately. Alcohol is recommended by one and condemned by another. Your patient often comes with a pile of prescriptions bearing the mark of travel and age, and speaks, perhaps, of one or two as doing him good, but the majority as of no service.

Then the hysterical aspect of these cases, both male and female, is such as to mislead the bulk of medical advisors, who, finding the patients, from appearances, physically sound, look upon the symptoms as trivial, the patient as nervous and fussy, and think that they have done all that can or need be done in giving a ten-minutes' discourse to demonstrate the groundless nature of his feelings, prescribing the usual bromide, thinking no more of the matter until the worrying patient again returns with the same old story.

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until the doctor has hardly a fresh prescription to write, ceases to interest himself in the case, being glad when the patient accepts his suggestion to travel, or passes out of his hands to those of another practitioner, and goes through the same routine once more.

As I stated before, the symptoms are subjective, and, as there is often no departure from the aspect of health, friends are unsympathetic; the patient is often aggravated by insinuations that there is nothing the matter, that he can work if he likes, that he gives way, that he makes no effort, and that he could throw it all off if he tried.

Gentlemen, there are no patients more to be pitied than some of these, who, looking to the uninstructed eye the picture of health, are the victims of misery, from which actual pain would be an agreeable distraction. They are suffering, as Geo. M. Randses emphatically states "from a chronic, functional disease of the nervous system, the basis of which is impoverishment of nervous force, and the various and multitudinous symptoms that accompany the condition are largely the result of reflex irritations that take place, not only through the ordinary motor and sensory nerves, but through the sympathetic system and vasomotor nerves. These reflex irritations may arise from any part of the body, and may be transmitted to any other part, but the chief centers of such irritation are the brain, the digestive system and the reproductive system." We may, to these, add a universal form, where the entire nervous system is subject to disturbances.

Cerebral disturbances, I think, lead the others. I do not mean that they are more frequent, but they interfere with the capability of the individuals to the greatest degree, rendering them unable to do mental work. We may have intellectual impotence in all directions, or only in the direction in which the thoughts of the worker lie. This lack of ability may be variably great; at the onset it may only consist of a lack of staying power in intellectual work. The brain of a cerebral neuresthenic may still remain highly productive since originality, acuteness of thought and ready conception may be fully present with the lighter degrees of wear of the nerve force. Beard has compared such brains to a battery of small elements, with small potential force and small internal resistance, which momentarily develops an enormous actual force, but quickly becomes inconstant, and is soon useless.

In such cases the lack of working force is only too often stimulated by resort to drugs, and alcohol and morphine play an important part with these patients. They are ever conscious of their brain weakness and depression of spirits, and it is very natural that they should endeavor to assist these symptoms by resort to drugs, in order to be able to attend to other work. This, gentlemen, is wrong, for the tired brain is only more deeply injured, for the primary disturbance cannot thus be checked by the addition of a new injurious factor, and only leads to the formation of habits which are the offsprings of social pathology, such as alcoholism, morphinism, cocainism, etc.

With the cerebral neurasthenic we ordinarily have a variety of other symptoms, such as head pressure, which is increased at ev-

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ery use of the intellectual powers. Pain and compression in the occipital region and the neck. Sensitiveness of the eyes to light, sleeplessness, psychic, irritability and peevishness. The nervous asthenopia renders it difficult for the individual to read, while again the quick exhaustion of the nervous force makes it impossible for him to use his brain otherwise. Next comes the parasthesia in the head, the sensation as if a band was around it, as if water was shaken up and down in it, as if the upper eyelids were pulled down, a sensation of fullness in the face, a sensation of pricking and burning or coldness of the extremeties, lack of sensation in the limbs, tinnitus aurium, and other subjective acute noises, attacks of cardiac palpitation, vaso-motor disturbances, such as pulsation in the epigastrum, the pulsation in the ear and head, which can be felt and heard when the ear lies against the pillow, sudden sensations of cooling, or of pricking heat, momentary contraction of certain groups of muscles, as though an electric current was passed through them.

Again we have the various sensations of fear and oppression, which these individuals suffer that are characteristic. At times these may be traced to frightful experiences, but usually no cause can be determined for the sensations. It may be manifested by fear of certain things, or fear of everything, and constitute the most essential part of the clinical picture, throwing the other symptoms of neurasthenia into the back ground. Accompaning the sensation of fear we have vertigo with pain and attacks of pain in the stomach, nausea and fainting fits.

Of the spinal symptoms backache is the chief in the majority of patients, and is ordinarily associated with a number of excentric symptoms, all indicated within spinal neurasthenia. At times they have pain located over one or another vertebra, again a vague pain in the whole vertebral column, then a painful sensation of weariness over the entire back, or of creeping burning pressure. Again the pain accompanies motion, and finally it is worse when lying or sitting. Painful spots on pressure may be present, especially along the thoracic vertebra, or in the neighborhood. In other cases, however, pressure over the spinous processes causes absolutely no pain. These symptoms are of not much clinical importance to us as physicians. But the patient, especially the hypochondriacal onanist, and other neurasthenics, are thrown into a great state of alarm for fear that they have some serious disease of the sacral spine. A careful examination will suffice to dispel this anxiety, since all the objective abnormalities are lacking. If in doubt repeated examinations will certify the diagnosis from the inconsistency of the objective and subjective symptoms, and the presence of the neurasthenic traits.

In regard to genital anomalies which accompany neurasthenia, we must differentiate those which are casual factors, and those which are the results of the neurasthenia. As a cause of onanism and weakness of the sexual excitablitiy in man and woman must be noticed. With the difference that disturbances of intellectual working power affect still more the desire of man than of woman. Male impotence, partial or total, is a frequent cause of neurasthenic weakness. Aside from a few who are rather torpid

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in their sexual desire, man is very sensitive in this respect, and the moral influence shows itself to the expert eye in the entire individuality and conduct of the sufferer. Any physician knows that much unhappiness exists in the world on this account: the subject of sexual neurasthenia has taken volumes to elucidate.

I hardly introduce the subject in my paper, so will close with a few remarks upon the treatment, and its results in this very interesting disease. And in doing so let me say that we cannot be blindly led by rigid rules of practice, and remember that we are usually dealing with a weakening of the innervation centers in individuals who are oftentimes in good condition and of strong constitution; not only the centres of will and thought, but also those of sensation, the reflex and inhibitory. This functional weakness is combined with a high degree of irritability to external conditions, in consequence of which the reaction on the above mentioned centres, and their functions is all the greater.

I must impress upon you the necessity of individualizing, for in no disease are the individual differences in the symptoms, both mental and corporal, so varied as in neurasthenia. Get the confidence of your patient, study each case separately, and learn its peculiarities, get an exact history which will tell you all about the patient and his life. Display and have an interest by your careful inquiries, for it has a good influence upon the patient. Intensify this by physical examination, everything depends upon the recognition or exclusion of objective disturbances. So the examination must be most thorough. Tell them the exact nature of their affection, and the outlook as regards cure and the requisite treatment.

You must determine from the history and examination the effect which the business and family relations have on the patient. In case sleeplessness and inability to attend to business exist it is absolutely necessary to have the patient abstain from work. Each day the worried brain is compelled to work only renders the situation worse. Physical therapeutic agents are of the greatest value. They are most effectual in results when they are resorted to after a methodical fashion. and where the best apparatus and professional skilled supervision is obtainable. Hydrotherpy, intelligently applied, has its place within the form of the graded wet sheet, hot and cold douche, vapor bath or full baths. Electricity is useful, particularly general electrization, after the Brand method, but in a mild form. Massage, properly graded, is useful, and especially so in aggravated cases, when rest in bed and freedom from work are absolutely essential. Do not expect to much from drugs in these cases. It requires patience, perseverance, an intelligent application of the means spoken of. Individualization of cases and an avoidance of special system methods of treatment, and absolute control of your patient, avoiding purgatives and revulsives, giving close attention to diet, as to which it is difficult to lay down rules, since the indications will vary much with the case.

Burns and Scalds.

℞ Acidi salicylici, ʒ j.
Ol. olivae, ʒ viij.
M. Sig. Apply to burn, covering with linen or lint.—Bartholow, Ex.

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EXTRACTS.

Rigid Os.

It is estimated by many correct obsterical observers that rigid os is the greatest single cause of prolonged and severe labor. There will be found no physician indeed, who has had much practice who will deny that rigid os is a condition which he associates with the most unpleasant events of obstetrical practice.

The successful treatment of this condition will bring on a more speedy termination of the labor, and at the same time save the patient a great deal of unnecessary pain and anguish.

Morphine and belladonna or hyoscyamus are remedies which are mentioned as appropriate in this condition, but a large experience with these agents has been to prove them worthless in the greatest number of cases. The morphine, however, does act, in a considerable number of cases satisfactorily, but it has the disadvantage of causing the patient to sleep, and having the termination of the labor postponed. Besides the morphine deranges the secretion, and adds to the wretchedness of the lying-in woman. The remedy which now holds the greatest degree of favor in overcoming rigidity of the os is Daniel's Con. Tinct. of Passiflora Incarnata. As soon as we see a patient who has rigid os we should at once give a full dose of the remedy—a tablespoonful in half a glass of water. This rarely fails to overcome the rigidity in an hour or less time, but, if the condition is not relieved in two hours—or even an hour and a half, we may safely give the patient another dose.

Daniel's Conc. Tinct. Passiflora Incarnata is one of the most efficient antispasmodics and sedatives that we possess, and its happy action in relieving rigidity of the os is only what might be expected from the remedy.

Daniel's Conc. Tinct. Passiflora Incarnata is in no sense a dangerous drug, and in exhibiting it we can observe the greatest freedom as regards dosage.

The Value of Glyco Thymoline (Kress) in the Local Treatment of Diseased Mucous Membrane.

By George A. Hewitt, M. D., of Philadelphia, Pa.

Glyco Thymoline (Kress) has been so well known for years, has been so widely and beneficially employed, and fulfills so many important indications, that it is superfluous at this date to enter into any description of its physical and chemical characteristics. There is one valuable feature of its action, however, which seems not to have been sufficiently emphasized. I refer to its powerful exosmotic action, by which it withdraws serous fluid from congested and inflamed mucous membrane, thus relieving engorgment and oedema. This influence, in addition to its emollient and antiseptic qualities, renders it a peculiarly acceptable and efficacious application to an inflamed mucosa. Glyco Thymoline (Kress), for these reasons combats the material causes and removes the results of inflammation. Furthermore, the relief of the distended blood vessels stimulates the absorbents to perform their function in the absorption of exudates and infiltrations. The alkalinity of the fluid, moreover, facilitates the removal of accumulated morbid secretions and crusts.

My own experience with this preparation extends through a number of years, and relates principally to the nose and throat, which come under

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the observation and care of the general practitioner. Those cavities are extremely prone, as every one knows, to catarrhal attacks. Starting in one or other of these localities, the pathological process may be very rapidly propagated to the Eustachian tube and middle ear; long continued hyperthrophic rhinitis, aggravated by repeated exacerbations, is the point of departure of anterior and posterior hypertrophies. Some of the infectious diseases of childhood, notably measles and scarlatina, are typically characterized by the devolvement of throat and nose in a general disease proceess.

As the lymphoid tissue of these parts is extremely suceptible to irritation, we are apt to witness, dependent upon the same factors, attacks of adenoiditis, which may serve as the original step in the development of adenoid vegetation, with all their train of evil consequences.

In all cases of recurrent and chronic catarrh of the nose and throat, unaccompanied by extreme pathological alterations, Glyco Thymoline (Kress) is an admirable application, and in a large number of cases no other local measures are demanded. If hypertrophies or adenoids are present, operative proceedures will be required for their radical cure.

An illustration of the class of cases in which Glyco Thymoline (Kress) will be found of marked benefit the histories of a few cases will be briefly cited.

Acute Rhinitis.

Cases of acute rhinitis or coryza, do not ordinarily come under the decidedly chilly sensations, some fever, and general malaise the patient will sometimes seek medical advise in the fear that he is about to suffer from a more severe disorder. If seen sufficiently early action upon the skin by pediluvia, warm bath, warm drinks and Dover's powder, or an equivalent, will generally abort the attack. Most cases run a neglected course, and may finally be brought under professional observation because the nasal discharge shows no tendency to diminish. In the latter class the use of Glyco Thymoline (Kress) diluted with four to six times its bulk of water, and passed through the nasal chambers by means of Bermingham's Douche, two or three times daily, proves effective. This douche is a very simple and inexpenclass apparatus, the management of which is easily learned by any one.

Free flushing of the cavities in this manner is preferrable to the use of a spray, as it cleanses the parts of inflammatory secretions, and is thus enabled to continue its action directly upon the seat of disease. Some cases of the kind are as follows:

Case 1. A man, 32 years of age, had taken cold three weeks previously from exposure in rigorous weather. He had suffered ever since from coryza, which annoyed him particularly by its persistency. The use of Glyco Thymoline (Kress) in the manner above indicated soon afforded him relief, and in the course of a week the nasal discharge was completely suppressed.

Case 2. A woman, 29 years of age, had been troubled with coryza and sore throat for two weeks. Breathing was obstructed, and there was considerable mucous discharge from the nose. The nasal cavities were irrigated with a solution of Glyco Thymoline (Kress) and it was also used as a gargle. These local measures, together with moderate doses of quinine, were soon successful in effecting a cure.

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EXCERPTS FROM THE REMARKS MADE BY DR. ALBERT C. BARNES, OF PHILADELPHIA.

At the second annual meeting of the American Therapeutic Society, held at Washington, D. C., May 8, 1901.

The paper of Dr. Reyburn, just read, merely illustrates the well-known fact that petroleum, when administered internally, is not absorbed from the gastro-intestinal tract, but, as is equally well-known, a remedy may have the most pronounced physiological effects purely on account of its mechanical properties. Dr. Robinson, of Philadelphia states in the Medical News of July 14, 1900: "In over fifty selected cases where nutrition, digestion and body weight were impaired, and the purest oil administered in one or two dram doses, four times a day for periods ot from three to six months, there was in every instance increase in weight and improvement in health, strength and feeling of well-being. The gain in weight was five and a quarter to twenty-three and a half pounds. There was no other change in living conditions or medication which might have caused these improvements." These clinical effects have been noted and recorded by a number of other observers. The manner in which petroleum accomplishes these results is shown by the laboratory experiments described in detail by the speaker. It was found that the addition of petroleum to albumen digested by an artificial gastric juice under exactly the same conditions as prevail in the human system, very materially hastened and facilitated the process of digestion; it was more rapid and complete than in the same experiment conducted without petroleum. Furthermore, it was shown experimentally that the mechanical influence of petroleum upon the churning, peristaltic movements of the upper portions of the small intestines favorably influenced the processes of absorption. In view of these experiments, it can be safely concluded that the manner in which petroleum beneficially effects nutrition is by facilitating, expediting and completing the process of digestion and assimilation of food. Another experiment described by the speaker was that conducted upon a man with marked malnutrition, in which the changes of metabolism were accurately studied for a period of three weeks by feeding the patient upon a normal diet and then determining the daily elimination of nitrogen in the urine and faeces. It was found that under the influence of petroleum the retention of nitrogenous matter in the system was increased. As is well known, the only method of determining the influence of any agent upon nutrition is by determining the daily body elimination of nitrogen in the urine and faeces; if a patient's retention of nitrogen is increased, the most important element of the tissues is conserved, and nutrition is correspondingly improved. Furthermore, the facts that petroleum passes through the intestines in its original form, and that it is a solvent of many remedies administered for their antiseptic and astringent influence upon the intestines, indicate a useful field for petroleum as a vehicle. Robinson states (ibid.): "I have extensively given from five to ten grains of salol in two drams of this oil, four times a day, and reclaimed the oil from the feces and found it to contain some salol and its components, phenol and salicylic acid. This proves that the carrying of a chemical antiseptic and antiferment through the entire canal." This work has been corroborated by numerous

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other observers. The speaker stated, in conclusion, that the bulk of experimental and clinical evidence tends to show that petroleum is entitled to a wider field of application in medicine.

Post-Operative Treatment in Curettage of the Uterus.

J. A. Smeallie (St. Paul Med. Jour.) thinks that not enough attention is given to the post-operative treatment ment of these cases. Whether or not the gauze is used, the drainage from the cavity is never perfect for any length of time, as an appreciable contraction of the canal takes place shortly, and if this occurs before the curetted surface is restored to its normal physiological condition, the retained secretions will decompose and by acting as an irritation will further retard the progress of healing; therefore, the only way to prevent this occurence is to insist on daily irrigations with double current irrigator. Therefore, during the first week succeeding the operation, while the patient is confined to bed, he insists that these irrigations shall be repeated every twenty-four hours, whether or not the gauze packing has been employed. For the first two days a two per cent. solution of lysol is preferred for the reason of its solvent actions on the secretions and tendency to detach blood clots. For the remainder of the time he uses a one per cent. solution of markasol, which is mildly astringent and antiseptic, non-irritating and facilitates the healing process of the abraded mucous membrane. During the succeeding week the patient is permitted to be up and about the room, the endometrium being at this time in a more healthy condition, and the erect posture favoring drainage, the irrigation should be resorted to once in two or three days, and finally perhaps twice during the third week, but no longer than necessity requires. Not until the solution returns clear may the patient be considered well.—Medical Standard.

Is Pernicious Anemia an Infective Disease?

William Hunter (West Lond. Med. Jour.) evolves a new theory concerning the pathogenesis of pernicious anemia. His investigations seem to show that the disease is a definite and well characterized special infective disease localized in the mucosa of the alimentary tract. Underlying conditions are septic inflammations of the tongue, stomach and intestines. This sepsis does not cause the anemia but furnishes the soil for the inplantation of the special infective cause; it may exist for months or years without the development of the anemia. As to the glossitis the author notes the following points: (1) It is not the result of the anemia; (2) there is a tendency to periodical recurrences, associated with the clinical features of the disease; (3) it has a distinct relation to the onset of anemia, usually noted at the onset of the disease; (4) it is persistent; (5) there are morbid peculiarities—granulations, vesicles, a red, beefy look, terminating in mucous atrophy. Glossitis tends to produce gastritis. He notes the fact that the hemolysis finds its site in the portal circulation, which seems to point to the alimentary tract. His conclusions regarding treatment are interesting: that the important part played by oral and gastric sepsis must be recognized and that these parts must receive local antiseptic treatment supplemented in suitable cases by serum treatment.—Med. Standard.

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FEBRUARY, 1902

MEDICAL SENTINEL

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City and County Medical Society.

By a recent resolution passed by the Portland Medical Society, the old name of this society has given place to that of the City and County Medical Society of Portland, and hereafter the reports of this organization will be published in the Medical Sentinel under the caption of the City and County Medical society. The change was brought about on account of the action of the A. M. A., which, at its recent meeting, formulated the plan of the affiliation of the various societies throughout the county with the parent body. The Portland Medical Society, while nominally a city association, has practically been a county institution since its earliest existence, and its change of name will not in the least change its methods of work.

Multnomah County Medical Society.

By the recent change of the name in the Portland Medical Society, Multnomah county becomes plethoric in regular county medical associations.

The Multnomah County Medical Society was organized largely upon the belief that the Portland Medical Society was not broad

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enough in its methods or generous enough in its treatment of those outside its borders to fully cover the local medical field, and that the science of medicine in this community could be better served by the organization of another medical body here. The fact that so large a number of physicians of the State Medical Society became charter members of the Multnomah County Society, and that the meetings and work of this association have so far proven satisfactory to those who have organized it, is at least some evidence that there was need of this newer aspirant for medical honors.

The Medical Society of Multnomah County.

The boundaries of the city of Portland and of the county of Multnomah are, so far as physicians are concerned, so nearly identical that there is little need, except from a technical point of view, of the use of the word "county" for any medical society holding its meetings in Portland. The question has been discussed quite fully upon both sides as to whether or not the Multnomah County Society is not, on account of its technical name, the real organization which, through affiliation with the State Society, is entitled to the superior place. While this subject, like every other subject, is open to debate, from a practical standpoint there is no likelihood of this matter being given serious consideration.

The Portland Medical Society is the old society here. With the functions of a county organization other societies have been organized in the past, and have later disbanded, when the circumstances which had called them into existence have passed away. but whether others may come or go, the Portland Medical Society, like Tennyson's brook, "goes on forever."

Necessity for a Second Society.

It seems to us as though the disposition found in some quarters to deny the Multnomah County Medical Society an existence, is not based upon logical grounds or reasonable premises.

Any number of medical men or women, for we must remember that we have a splendid woman's medical club in Portland, primarily organized on account of the custom of prohibiting membership in the Portland Medical Society of women physicians, have a right to organize themselves into a medical society.

Let us, for example, even say that a number of physicians have been rejected by the Portland Medical Society. If they should seek to organize themselves into a society, they certainly have the right to do so. The proposition that the Portland Medical Society has the right to shut out physicians because it may feel that applicants are not desirable members, and at the same time say that these physicians shall not have a society of their own, is preposterous.

If the Portland Medical Society seeks a larger membership, it should more freely open its doors, but if the society does not feel that it would be best to pursue such method, it certainly has the right to enforce its own belief.

Again, if a number of physicians decide that they do not care for membership in the Portland Medical Society, and, for mutual advance-

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ment, organize into a body of their own, the Portland Medical Society has no right to say "nay."

The County Society.

The real question involved in regard to this newer society, is whether or not the Multnomah County Society was organized by its members for the medical and moral advancement of its members, as all medical societies are supposed to be, or whether it was organized to start a commotion in local medical circles and a factional fight against the Portland Medical Society with the A. M. A., based upon the teachnical claim that because the Multnomah County Medical Society had first assumed the word "county" and had incorporated as such, that it is the superior medical organization in Multnomah county.

We feel that if the society is organized for the purpose first mentioned, it should have no opposition, but hearty approval from all quarters. If, however, the second alternative represents the true cause of this organization, a lively and acrimonious warfare is in store for the new organization, in which defeat is certainly in store for it.

The Medical Sentinel wishes to see every medical society and organization in this whole country, which is organized along proper lines, prosper, and wishes the Multnomah County Medical Society success, because it believes that the society was organized for medical, and not military purposes.

EDITORIAL NOTES

Eastern Oregon District Medical Society.

As an example of what can be done in a very brief time, along medical lines, the Medical Sentinel commends the Eastern Oregon District Medical Society. It scarcely seems possible that in the few weeks since this organization was instituted that the membership should have been built up until at the present time it reaches the startling number of 56, and the outside number of physicians within the limits of the territory of the society is only 96. This meeting was the session of the permanent organization. In the next issue will be found a report of the meeting, which will do any of our readers good by its perusal.

The two men to whom particular credit is due for the success of this new society are Dr. C. J. Smith and Dr. T. M. Henderson, of Pendleton, although the Sentinel does not wish by mentioning these gentlemen, to do any injustice to others who gave energetic assistance whenever possible in furthering this work.

The program was a very good one, and demonstrated that the metropolitan can yet learn from the so-called "country doctor" a good many things about the science of medicine, and that the country physician, who must depend upon his own resources in every emergency, is the best all-round doctor after all.

Dr. E. B. Daniel's report of "Three Cases of Osteitis, Necessitating Hip Joint Amputation," in which all the patients recovered, and Dr. Cole's paper reporting "Two Successful Cases of Caesarian Section," would have done credit to a New York society doctor. Dr. W. H. Erwin, of Union, who wrote a paper on "The

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Interdependence of Medicine to Surgery," was not able to be present to read his paper.

Dr. R. L. Gillespie, of Portland, Oregon, presented a paper on the "Treatment of the Morphine Habit."

The society's prompt determination to affiliate with the State Society, was quite in line with the views of Dr. C. J. Smith, who is now president of the Oregon State Medical Society, and the State Society will be very proud, indeed, of the opportunity of accepting the sturdy applicant for membership.

The next meeting of the society will be at Hot Lake, Oregon, where Dr. G. W. Tape has agreed to put every physician through a Turkish bath, free of charge. We shall reproduce an etching of the drawing which was used on the invitations sent out to attend the late meeting.

Whitman County Medical Society.

If there is but one county medical society of the interior entitled to credit for the active character of its work, and the amount of good which it is doing, the Whitman County Medical Society is certainly such society. One who visits and enjoys a session of this medical association almost feels that he is in a state medical society, or certainly a district society.

The recent program, which will be published next month, was carefully prepared and was thoroughly carried out in every detail, and the attendance of a most satisfactory character, both as to number and the standing of those participating in the session. At the meeting of the society, the report of which is published elsewhere in this journal, twenty-six members were not only present but active participants in the program.

Dr. G. B. Wilson, of Pullman, is an indefatigable worker, and a man of large medical experience and practice, therefore, just such a man as would feel that he could find time to bring to a successful issue such a meeting as the one reported. Dr. Wilson's energetic efforts were ably seconded by a number of other physicians, who were alive to the requirements for a pleasant and profitable social meeting.

The banquet, at the close of the meeting, at which sat thirty-six people, was a "feast of reason and a flow of soul," and the result of having the ladies present was confirmatory of the argument so often made, that doctors should be accompanied by their wives on all occasions. The banquet did not close until 3 a. m., although there was no wine used. The ladies were among the last to leave.

The Positive Man.

It is better to be positive, although occasionally wrong, than to go through life, in medicine, always full of doubt and governed by indecision. The man who is so thoroughly convinced of the equities of his own position, and that he has a work of his own in the world to perform, rarely has time enough to attend to the affairs of his neighbors; and, needless to say, the man who attends to his own affairs, which he understands, is always in a more fortuitous condition, so far as success is concerned, than the man is, regardless of what his methods may be, who devotes a large amount of his time to the personal affairs of those about him. A man must not only attend to his own affairs, but must do what he has to do with positiveness. Positiveness is, to some extent, born in a man,, but that it can be developed is also a certainty. The positiveness of perfect knowledge is best. The following extract from an exchange may be read by most of us:

"No man achieves anything worthy

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until he learns the power of conviction—until he feels that he can accomplish something if he wills it strong enough and long enough. The world stands aside for the man who has a program, a mission, a calling to do that which he feels a throbbing compulsion within him to do. Stoutly affirm your ability to do what you undertake. Every affirmation strengthens your position. One of the best strengtheners of character and developers of stamina, generally, is to assume the part you wish to play; to stoutly assert the position of whatever you lack. If you are deficient in courage, staying power, pluck or determination, learn to assert vigorously these qualities as your own by a divine right. Be thoroughly convinced that they belong to you—that you should possess them, and that you do. Then you will strengthen your success-position wonderfully."

$1,000 and $500 Prizes.

Attention is called to the advertisement of the Maltine Co., published elsewhere in this journal, in which they offer $1,000 and $500, respectively, for the best first and second essay on "Preventative Medicine." This is a matter in which we are all interested, and we trust that the medical profession generally will not only observe the kindness of this offer, but will be participants thereof.

NOTES

"No. 3000."

Not many magazines live to print their three-thousandth number, yet the issue of The Living Age for January 4, 1902, bears that number on its title page. Founded by the late Mr. E. Littell, in 1844, this magazine has carried to its readers every Sunday for nearly forty-eight years whatever was freshest, most important and most interesting in the whole field of foreign periodical literature. It has retained its essential characteristics through this long period, and while other magazines have come and gone, has strengthened its hold year by year, upon the intelligent constituency to which it ministers. Art, science, travel, biography, literary criticism and appreciation, poetry, fiction, politics and international affairs—whatever is of broad, human interest finds a place in its well-filled and clearly printed pages; and despite the multitude of younger magazines competing for the public favor, there never was a time when this venerable eclectic was more nearly indispensible to alert readers than today. It is published by The Living Age Company, Boston.

The next (twelfth) meeting of the American Electro-therapeutic Society will be held at the Kaaterskill, Catskill Mountains, N .Y., on Tuesday, Wednesday and Thursday, September 2d, 3d and 4th, 1902.

Drs. Geary and Coffey.

By an arrangement recently made Dr. E. P. Geary and Dr. R. C. Coffey, of Portland, have entered into a copartnership, and have taken offices, rooms 404-5-6, Oregonian building. Both Dr. Geary and Dr. Coffey have had pleasant experiences in medical partnerships before, something not universally true, and no doubt the present arrangement will be mutually pleasant and profitable. Dr. Coffey will continue to limit his practice to surgery.

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Dr. W. W. Watkins, Deceased.

To the President and Members of the Whitman County Medical Society:

Gentlemen: Your committee, to whom was presented the matter of preparing a memorial on the life of the late Dr. W. W. Watkins, who was assassinated in the city of Moscow, Idaho, August 4, 1901, respectfully submits the following:

Dr. William Woodbury Watkins was born in Warner, N. H., August 3, 1846, and was ruthlessly assassinated by an insane man in the city of Moscow, Idaho, on Sunday morning, August 4, 1901.

He was stricken down in the prime of his life, a martyr to his professional duty. Early in life he manifested a strong desire to become a physician, and, after obtaining a first-class preliminary education in the schools of New Hampshire, he entered the St. Louis Medical College, where he graduated with honors in March, 1877.

For his good deportment and high standing as a medical student in that institution, he gained the appointment as intern in the St. Louis city hospitals, which position he filled with entire satisfaction to all parties concerned. Ever since the date of his graduation, he has given his entire time and attention to the study and practice of medicine and surgery.

Wherever he has located, he has always been highly respected by everyone, rich and poor alike. And he counted his friends by the hundreds.

Every action of his life was governed by principles of equity and honor. Whenever called to the bedside of a patient, he went. Not only as a physician, but as a true friend, and thousands could testify today that the cheerful good nature and friendly words of Dr. Watkins aided

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them on to a permanent recovery. On March 4, 1900, he was highly honored by our late president, the noble Wm. McKinley, by being appointed as one of the Board of Visitors to the U. S. Naval Academy at Annapolis, Maryland, which duties he performed with credit to himself and honor to his friends.

In the death of Dr. Watkins the society lost one of its most influential and earnest workers, the community a good citizen, and his home circle a generous husband and father. To his widow and family we can only tender our warmest sympathy for the loss of a loved one, who has left the legacy of an honest, manly and well spent life.

Your committee recommends the adoption of the following resolution:

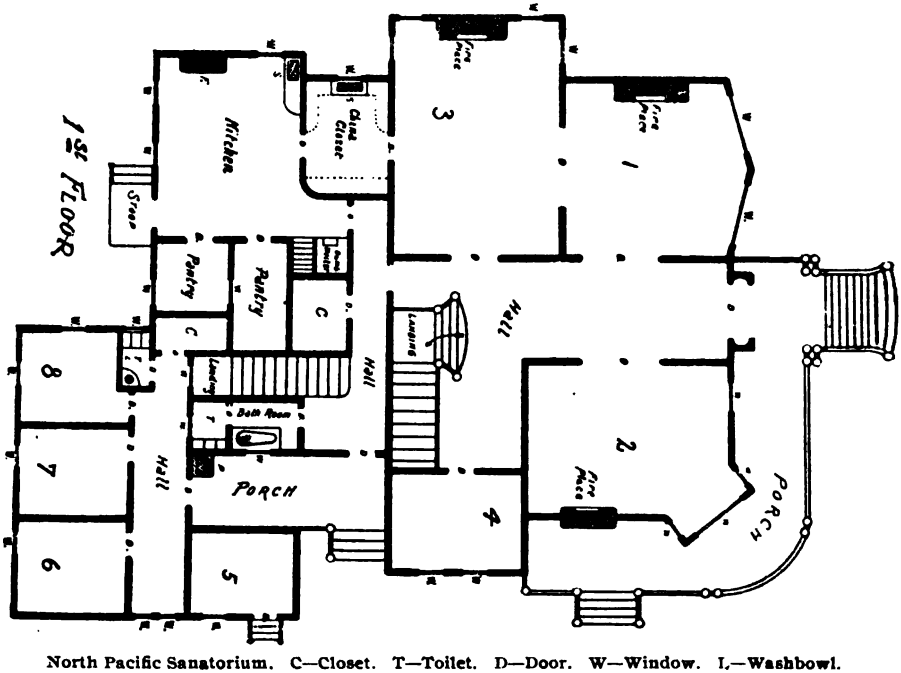
Resolved, That this memorial be spread upon the minutes of this Association, and that a copy be sent to the widow of the deceased brother, and a copy be given to the Medical Sentinel for publication.

FRANK COGSWELL,
J. N. CLARK,
W. L. GAINES.

Pullman, Wash., Dec. 14, 1901.

The North Pacific Sanatorium.

One of the medical institutions of the North Pacific coast, which the profession has reason to be proud of, is the new hospital at 20th, Glisan and Hoyt streets, in Portland, known as the North Pacific Sanatorium. We say new, although it has been in full operation for over two years. When the institution was first opened the superintendent and family and the nurses were accommodated in the building, but in these two short years the institution has been doubled in its ca-



North Pacific Sanatorium. C—Closet. T—Toilet. D—Door. W—Window. L.—Washbowl.

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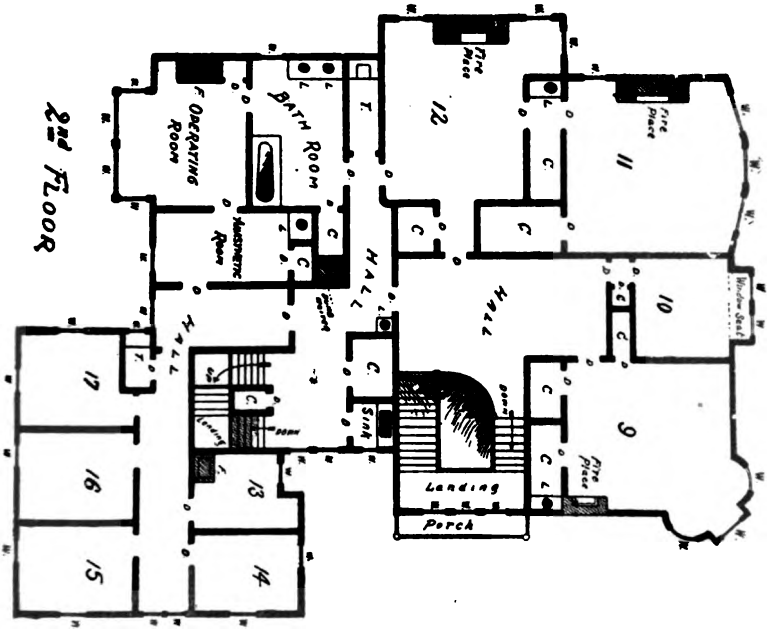

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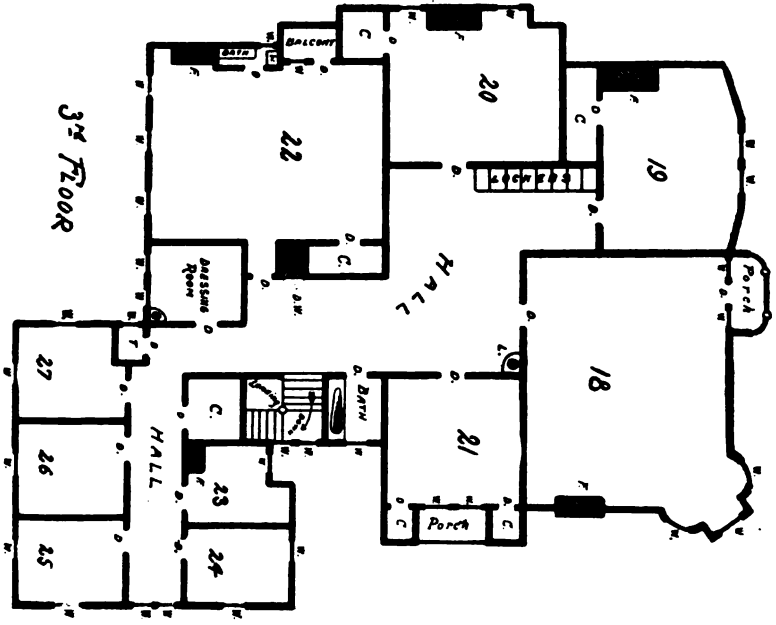

North Pacific Sanatorium, C—Closet, T—Toilet. D—Door. W—Window. L.—Washbowl.

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pacity, and the superintendent and nurses have been forced to occupy another building, the present capacity being 50 patients.

The sanatorium has recently been reorganized, and its stock is held by a number of people, including over a dozen physicians.

By the construction, this summer, of a new wing, two new modern operating rooms have been added, and the building is now equipped with every needed convenience for modern work upon each floor.

The ground floor plans of the three floors above the commodious basement (not shown) are here reproduced, the general arrangement of the whole being such that its construction and arrangement may be considered almost perfect, and be taken as a model by any of the Medical Sentinel readers who may have in contemplation the erection of a private hospital.

By the recent arrangement the sanatorium is made a purely impersonal affair. There being no staff, the facilities of the institution are at the disposal of all reputable physicians.

MEDICAL SOCIETIES

City and County Medical Society.

The regular meeting of the City and County Medical Society was held in the Marquam building, Portland, Oregon, November 20, 1901, President Dr. Harry Lane presiding. Present: Drs. Bell, Brook, Binswanger, Bristow, Coe, Chipman, Coffey, Connell, Giesy, Gillespie, Jones, E. D. Johnson, A. H. Johnson, Labbe, Moore, Daniels, H. F. McKay, K. A. J. Mackenzie, Rand, Smith, Tucker, Walker, H. C. Wilson, G. F. Wilson, Wheeler and Yenney. Visitors: Drs. Gilbert, Hutchinson, Marsh, Pettit, Hampton, Wiley and Mr. Marshall, of the A. M. A.

Dr. E. J. Labbe showed to specimens of enlarged (prostate) glands recently removed; one sub-pubically. The operation was performed to relieve the urine in an old subject, who had endocarditis and nephritis. The smaller specimen was removed by an incision into the perinem.

Dr. A. J. Giesy also showed a large specimen of enlarged prostate from a subject 79 years of age. The operation was undertaken to relieve urinary symptoms. He also related the clinical history of a case of renal calculus, showing specimen, which was unusually large to pass through the urethra. The treatment followed was dilation of the urethra by sound at intervals during the week.

The paper of the evening, "The Etiology, Diagnosis and Surgical Treatment of Cirrhosis of the Liver," by Dr. K. A. J. Mackenzie then occupied the attention of the meeting. Speaking from notes, the doctor said the principal etiological factor in this disease was the constant indulgence of its subject in drinking undiluted spirits, not beer or light wine, but whiskey, brandy and gin. It is, in his experience of many years practice here, a very rare disease, and he had only been able to recognize three cases in this locality. Disorders of digestion are always the forerunner of cirrhosis, and a very plausible view was, that alcohol, giving rise to gastric catarrh, leads to the formation of poisonous bodies, which are retained in the liver, producing the cirrhotic tissue change. Reference was made to the work of "Adami," recently claiming the discovery of a micro-organism which figures largely in the disease. Other bacteria, supposed to be causative of the disease, was the communi-coli. The doc-

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tor concluded his paper by discussing the surgical details and treatment of a case in which the method observed was stated to have been a success.

Dr. C. H. Wheeler, in opening the discussion, said that the writer of the paper had given a clear exposition of cirrhosis, but there were differences of opinion. Good German authorities do not believe that beer drinking produces cirrhosis of the liver, they contend it is only produced by undiluted whiskey. He was one of those who had seen the case referred to by the doctor, when he was in the Marine Hospital service, and had done the tapping. Also operated and found nodular liver of the "hob nail" variety. When the second operation was made the enlargement of the left lobe had apparently disappeared, and it presented a different aspect to what it did at first. At the present time he believed that the treatment of such cases was more in the domain of medicine than of surgery, and that when an operation is performed, and recovery follows, it does so somewhat similar to the results found in operative tubercular peritonitis, the benefit comes from an unknown way. In this connection it should be noted that Dr. Mackenzie tapped several times after his operation, and he believed that the sutures used at this operation could not have been very long in the tissue of the organ, and were torn out shortly after.

Dr. Woods Hutchinson said that alcohol has some causative influence in the production of cirrhosis, but whether from the effect of lessening the resistance of the liver tissue itself or to toxic products entering into the circulation directly or indirectly, there is still a doubt. Irritation is to be removed, the patient fed on milk, etc., and that is all that can be done.

Dr. H. C. Wilson said he remembered to have seen a man, many years ago in this city, who used to drink a good deal of spirits. He fell ill of some complaint which seemed like cirrhosis. He took a good deal of cream of tartar, recovered, and is living at the present day.

Dr. O. S. Binswanger said that he did not agree with Dr. Mackenzie in regard to indigestion; it was, he thought, only a symptom, and not the cause of cirrhosis.

Dr. Geo. F. Wilson asked that Dr. Mackenzie should explain the technique of the operation.

Dr. A. J. Giesy drew attention to the fact that heart disease, due to alcohol, without other prominent kidney development, closely simulates the condition indicated by Dr. Mackenzie in his paper.

Dr. A. C. Smith said that people of the British Isles are, he thought, protected from the disease because they use simple food, and have no desire for condiments. In California, where malaria was present, he had seen several cases, whereas here, cirrhosis was pretty rare. Regarding the surgical treatment of the condition, it was very hard to believe that when the connective tissue begins to form in the liver, an operation would be of much value.

Dr. A. W. Moore related the details of a case of cirrhosis of the liver in a boy 15 years of age. The points that he had studied were edema of the feet and ascites; he was tapped twice. The boy had been on whiskey for years, under the belief of his guardians that it was necessary for his existence—he being in delicate health when the stimulant was first commenced. An autopsy showed the liver one-fifth of its ordinary size, cut like leather, pigmented appearance.

Dr. K. A. J. Mackenzie, in closing

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the discussion, explained the technique of the operation.

Dr. A. C. Smith reported two cases of acute pelvic peritonitis treated by "Prior" operation. There was variable temperature, great abdominal pain, and he was perfectly certain that if a laparotomy had been performed fatal results would have ensued.

Dr. R. C. Coffey reported a case of gastroptosis.

Dr. F. G. Wilson reported the removal of an intestine from about 7 to 9 inches long; there were some perforations in the part removed. The wound of entrance was in the gluteal region. The case recovered. He also reported lapartomy in a Jap, with typhoid perforations; patient still alive.

Mr. Marshall, of the A. M. A., was called to address the meeting, which he did in general terms complimentary to the same.

DR. A. D. MACKENZIE,
Secretary.

Multnomah County Medical Society.

Portland, Jan. 7, 1901.

The regular monthly meeting of the Multnomah County Medical Society was held at the Marquam building at 8:30 p. m., with President Dr. J. T. Walls in the chair.

The minutes of the previous meeting were read and approved.

Dr. Tilzer presented two patients who had been operated on for aneurism. The first case was one of historic interest. The patient was 77 years of age and had received a gunshot wound in the lower part of the arm in 1855, Subsequently an aneurism developed, and in 1858 Dr. Cooper performed an operation for the cure of aneurism. The brachial artery was first ligated about the middle, and four weeks subsequently the entire sac was dissected out. The operation resulted in the restoration of a useful arm. The patient states that for many years there was no pulse in the wrist, but the pulse gradually returned. Dr. Cooper, who performed the operation was the predecessor of Dr. Levi Cooper Lane, of San Francisco, and is the man for whom Cooper Medical College, of San Francisco, is named. The patient had now presented himself on account of an enlarged prostate, and later in the week the operation of prostatectomy was to be performed upon him.

The second patient was a man of 71 one years of age, who had been operated on for an aneurism of the inner portion of the sub clavian artery. The man had complained of much pain in his arm for several months. Recently a pulsating tumor was discovered at the root of the neck. The operation was done by the Moore-Corrardi method. Fifteen feet of aluminum bronze was introduced through an insulated aspirator needle. Previous to the operation the pulse in both wrists was the same. From fifteen to fifty milliamperes of current were passed through the wire for about an hour. At the middle of the seance the radical pulse was unaffected. At the end of an hour the wire was cut off, pushed within the sac, and the needle removed. It was then observed that the radical pulse had entirely disappeared. The pulsation in the aneurism had very much diminished, but a feeble pulse could still be felt. The arm became gangrenous to the elbow and six days afterward was amputated just below the shoulder. The pulsation had entirely disappeared from the aneurism, which felt as hard as knob, and about that size. The man was now quite well, and entirely relieved from the pain which had previously troubled his arm.

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Dr. J. M. Short, of Gresham, then read a very interesting and instructive paper on "Acute Infectious Jaundice," giving a full and thorough description of the history, etiology andpathology of the disease, its usual symptoms, diagnosis and prognosis, and the treatment indicated in the various forms of the same, concluding with the citation of a number of cases which come under his personal observation and treatment. Opening the discussion, Dr. W. F. Hubbard highly complimented the author of the paper, and, agreeing with him, that jaundice was epidemic at times, and, therefore, infectious, laid particular stress upon the necessity of a true diagnosis. Deploring the fact that many physicians regard the dangerous nature of the disease altogether too lightly, while endorsing the treatment as set forth in the paper, Dr. Hubbard recommends the copious use of water as the most efficacious diuretic in jaundice.

All members present joining in the discussion, various points of interest on the symptomatology and treatment were elicited, while all expressed their appreciation of the paper.

The secretary then read a letter taken from the St. Paul Medical Journal on County Medical Societies, wherein an outline was given of the reorganization of the American Medical Association, making the county medical society the basic unit, and recognizing but one society in each county, which must be open to each and every reputable physician. It expressly advocates that neither personal feeling nor individual likes or dislikes can have any bearing upon the eligibility to membership of any reputable member of the profession. The Multnomah Medical Society had fulfilled both in letter and spirit all of these requirements.

Upon motion by Dr. J. W. Morrow, the secretary was instructed to extend an invitation to Dr. Cole, of Pendleton, to favor the society with a paper on "Caesarean Section."

Upon further motion the reading of Dr. Tilzer's paper on X-Ray was postponed until next regular meeting, same to be held at his office, in order to witness practical demonstrations on his X-Ray apparatus.

Dr. L. Victor Hampton promised a paper on "Dibetes Mellitus" for the next meeting.

Dr. Hicks Fenton volunteered a paper on his specialty for the March meeting.

The meeting then adjourned.

A. TILZER, Secretary.

Whitman County Medical Society.

The quarterly meeting of the Whitman County Medical Society met at Pullman Monday evening, January 13, 1902. A goodly company were present, made up of its own members and visitors of prominence from neighboring cities.

Those present were: Dr. Gillespie, who is associated with Dr. Henry Waldo Coe, of Portland, in their sanitarium for diseases of the nerves and mind; Dr. R. C. Coffey, of the North Pacific Surgical Institute, of Portland, Ore.; Dr. Libbey, connected with the Deaconess' Home, Spokane, Wash.; and Dr. Coe, Spokane, specialist on eye, ear and throat.

Members in the county present were: Frank Cogswell, W. L. Gaines, Oakesdale; Widby, of Thornton; C. James, Tekoa; Wilson Johnston, A. E. Stuht, T. D. Ferguson, Colfax; J. L. Harris, Colton; H. B. Clough, Endicott; Holzer, Uniontown; G. B. Wilson, McGuire, W. H. Hall, Nelson, (member State Board of

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Health, connected with the State Agricultural College and State Veterinary) and a former member, White, of Pullman. Several others were present—a son of Dr. Cogswell, accompanied by a student friend, and others connected with the State Agricultural College.

The meeting was called to order by President Dr. Wilson Johnston.

After reading the records of last meeting, the committee on necrology, appointed to draw up resolutions on the death of the late Dr. W. W. Watkins, of Moscow, Idaho, reported.

The report was adopted, and ordered printed in the Medical Sentinel, and a copy sent to the bereaved family.

In discharging the committee, a rising vote of thanks was given.

The paper of the evening, read by Dr. Gillespie, of Portland, on "Neurasthenia," showed great depth of study and experience, and elicited close attention and much interest.

The discussion on this interesting paper was opened by Dr. Wilson, of Pullman. Dr. Libbey spoke of a case which illustrated the subject, and Dr. Coe spoke of an interesting case. Dr. James mentioned a case of Traumatic Neurasthenia. Dr. Coffey illustrated many points by cases called to mind. Dr. Nelson spoke of the ills of the horse bearing similarity to neurasthenia in man. Dr. Johnstone and others took part in the discussion.

The next paper, on "La Grippe," read by Dr. Frank Cogswell, was a very able article; the author facetiously remarked that, having just recovered from an attack, he could speak from personal experience.

The paper was well written, and listened to with close attention. Dr. James opened the discussion. Dr. Coe spoke of the sequelae of la grippe in his special line, ear trouble. The evening being well advanced, discussion was closed.

A vote of thanks was extended Dr. Gillespie for his masterful effort, as well as to the other visitors.

The committee on entertainment, who had so ably entertained the ladies of the visiting doctors during the session of the meeting, now took the doctors and their ladies, and repaired to the dining room of the Palace Hotel, where a bountiful banquet was spread to satisfy the inner man.

Dr. Wilson Johnston, as toastmaster, elicited from the visitors toasts on different subjects, which entertained the company.

In the early part of the morning the company broke up, each member counting the meeting one of the best in the history of the society.

The next meeting will be held April 14, 1902, at Colfax.

The members are justly proud of their society, which is now entering its fourth year of prosperity.

H. B. CLOUGH, M. D.,
Secretary.

BOOK REVIEW

Three-Quarters of a Century.

For seventy-five years the Youth's Companion has been published every week as a family paper. In these seventy-five years the paper's constancy to a high standard has won the confidence of the American people. It has kept pace with the growth of the country. Its stories, its special articles, its editorials, its selections represent all that is best in American life. For 1902 the foremost men and women of the English-speaking world have been enlisted as contributors. The work of an unprecedented number of new and promis-

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ing writers has also been secured. Thus the constantly increasing demand for the best reading suited to all members of the intelligent American household will be fully met.

A twenty-eight page Prospectus of the 1902 volume and sample copies of the papers will be sent free to any address. Those who subscribe at once, sending $1.75, will receive all the issues for the remaining weeks of 1901 free from the time of subscription; also The Companion Calendar for 1902, lithographed in twelve colors and gold.

195 Columbus Ave., Boston, Mass.

Operative Surgery. By John D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College; Visiting Surgeon to Bellevue and St. Vincent's Hospitals. Volume II, Operations on Mouth, Nose and Oesophagus, The Viscera connected With The Peritonaeum, The Thorax and Neck, Scrotum and Penis, and Miscellaneous Operations. This Volume contains Eight Hundred and Twenty Seven Illustrations, Forty of which are Colored.

To produce a work on modern surgery which will fully meet the needs of the student and practitioner is a task accomplished by but few of modern authors, though the number of works given out annually is enormous. This second volume of Bryant's Operative Surgery fulfills the conditions needed more fully than any of like nature we have seen. It is most thorough, both as regards the description of different methods used in various surgical disorders and as to detail regarding each operation considered. The first chapter of volume II describes operations on the mouth, pharynx and oesophagus Chapter II treats of the operations in viscera connected with the peritoneum, and is the best treatise on this most important branch of surgery extant. It deals with the details of abdominal section, the best methods of reaching the viscera for their various surgical disorders, and the best methods of dealing with the disorder, whatever it may be. The illustrations in this portion of the work are magnificent and nearly every operation has its accompanying illustration. The third chapter is devoted to operations on anus and rectum. The fourth to operations on the thorax and neck. The fifth to operations on the bladder, and the sixth to operations on the penis and scrotum, and to miscellaneous operations.

Much of the surgery described is of the plastic variety, the kind that brings into play the true surgical instincts of the operator, and which it is too often neglected or attended to by most improper methods.

Each volume is neatly bound and printed on excellent paper, and as has been said, handsomely illustrated.

A Text Book of Surgery. By Dr. Herman Tillmans, Professor in the University of Leipsic. Translated from the Seventh German Edition. By Benjamine T. Tilton, M. D., Instructor in Surgery in Cornell University, and John Rogers, M. D., Instructor in Surgery, Cornell University. Edited by Lewis A. Stimson, M. D., Professor of Surgery, Cornell University. Volume I. The Principles of Surgery and Surgical Pathology. With five hundred and sixteen Illustrations.

Seven years ago appeared the first English translation of the third German edition of this treatise, and the rapid advances that have been made in pathology and bacterology fully warrant the preparation of this sec-

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ond English edition, which is to be issued in three volumes. Volume one, which we have before us, treats of general surgery and surgical pathology. To the student it is of prime importance that his knowledge of surgery should commence with profound knowledge of the causation of disease, and the pathological changes incident thereto; and the really successful surgeon of today is the one who keeps continually abreast, not only with mere surgical tecnique, but with the more important branch of surgical pathology. This volume contains not only a complete exposition of general surgical pathology and bacteriology, but also chapters on diseases and injuries of special tissues, with their treatment; tumors, general surgical technique and bandaging. Besides this addition of new matter, all that has been found obsolete has been omitted. A great deal of space is devoted to surgical appliances, with many illustrations. The book work is excellent, and the treatise will no doubt meet a well deserved success.

International Clinics, a quarterly of clinical lectures and especially prepared articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other topics of interest to the Student and Practitioners. By Leading Members of the Medical Profession throughout the world. Edited by: Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the collaboration of John B. Murphy, M. D., Alexander D. Blackader, M. D., of Chicago and Montreal; H. C. Wood, M. D., of Philadelphia; T. M. Rotch, M. D., of Boston; E. Landolt, M. D., of Paris; Thomas G. Morton, M. D., of Philadelphia; Charles H. Reed, M. D., of Philadelphia; J. W. Ballantyne, M. D., of Edinburg, and John Harold, M. D., of London. With regular correspondents in Montreal, London, Paris, Leipsic and Vienna. Volume III, Eleventh Series, 1901. Price, $2.00.

This volume contains many interesting articles which bring the subjects of therapeutics, medicine, surgery and neurology strictly up to date. The article by Valdemar Bie, on "Photography after Finsen's Methods," is perhaps the most instructive on this particular branch that has ever appeared. The photographs of cases treated show the most wonderful results, especially the cases of lupus vulgaris, and establishes the value of the method beyond any question. William Henry Battle contributes an interesting article on the "treatment of bleeders." Dr. Lilienthal reports several cases of acute affections of the gall-bladder and its associated ducts, laying especial stress uopn the diagnosis and treatment of these conditions. Articles on appendicitis are contributed by Deaver, Routier and Tubby. Dr. Wiener's article on the "Localization of Nervous Lesions" deals admirably with this important subject, and brings out very clearly the differcenes between central and peripheral lesions. All together this volume is a most valuable one, and should find its way to the library of every progressive physician.

A Treatise on the Acute. Infectious Exanthemata. Including Variola, Rubeola, Scarlatina, Rubella, Varicella and Vaccinia, with especial reference to Diagnosis and Treatment. By William Thomas Corlett, M. D., L. R. C. P. Lond. Professor of Dermatology and Syphilol-

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ogy in Western Reserve University, Physician for Diseases of the Skin to Lakeside Hospital; Consulting Dermatologist to Charity Hospital, St. Alexis Hospital, and the City Hospital, Cleveland; Member of the American Dermatological Association and the Dermatological Society of Great Britain and Ireland. Illustrated by 12 Colored Plates, 28 Half-tone Plates from Life, and 2 Engravings. Pages viii-392. Size, 6¼x9¼ inches. Sold only by subscription. Price, Extra Cloth, $4.00 net, Delivered. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

There is no more important class of diseases which the physician is called upon to treat than the exanthemata, and none in which the importance of an early positive diagnosis is so necessary, both for the treatment to be followed, and the precautionary measures to be used. At times not only the safety of the patient himself, but that of his friends or even the community at large depends upon the accuracy of his attending physician. With these conditions in view especial stress has been laid in this volume on differential diagnosis. To make the text still plainer numerous well executed plates are inserted, showing the appearance of the various eruptions in a most accurate manner. In all there are 48 plates. The chapters on smallpox and vaccinia are especially full, and will be found of especial usefulness considering the widespread tendency of smallpox in this country during the past two or three years. The book has an addendum in which are given the formulae and best methods of disinfecting the patient, his clothing and his room, besides a table showing the chief features and the differential diagnosis of the acute infections exanthemata.

Hirst's Obstetrics. A Text-Book of Obstetrics. By Barton Cook Hirst., Professor of Obstetrics in the University of Pennsylvania. Third Edition. Thoroughly Revised and Enlarged. Royal octavo, 873 pages, with 704 illustrations, many of them in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00 net.

This, the third edition of Hirst's Obstetrics has been thoroughly revised and much new material added. This is especially noted in the chapters treating of the diagnosis of pregnancy, the pathology of pregnancy, the pathology of labor, and obstetric operations. The book contains 704 illustrations, fifty of which, including three colored plates, are new. The work is the outcome of a large practical experience, and is the most clearly cut and scientific exposition of the entire subject of obstetrics that we know about. Not only in this country, but abroad, the work has met with the most kindly reception, and this edition, enlarged, revised, and still further illustrated, can but meet with still greater success. For the student, no work on obstetrics could better supply his needs, from the fact that its author is primarily a teacher, and qualified to know the wants of the student. That its future success is assured, as its past has been, we have no doubt whatever.

The Medical News Visiting List for 1902. Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year; and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 160 pages of blanks. The 60-patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, with

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pocket, pencil and rubber. Seal Grain Leather, $1.25. Thumb-letter index, 25 cents extra. Philadelphia and New York: Lea Brothers & Co., Publishers.

A Visiting List is an indispensable convenience for the active practitioner. Its carefully adapted blanks enable him at once to note clinical details of every day work, as well as charges and receipts, and to unburden his memory from what can better be carried on paper. It also furnishes him with a legal record necessary for the collection of delinquent bills. Probably the best and most convenient of the many publications of this nature is the Medical News Visiting List. Its blank pages are arranged to classify and record memoranda and engagements of every description occurring in the practice of the physician, surgeon or obstetrician. The Medical News Visiting List is issued in four styles, adapted to any system of records and any method of keeping professional accounts. It is printed on fine, tough paper, suitable for pen or pencil and durably and handsomely bound in the size of a wallet for the pocket. When desired a Ready Reference Thumb-letter Index is furnished which is an economizer of time.

Essentials of Obstetrics. By Charles Jewett, A. M., M. D., Sc. D., Professor of Obstetrics and Gynecology in the Long Island College Hospital, and Obstetrician and Gynecologist to the Hospital, etc. New (2d) edition, revised and enlarged. In one 12mo. volume of 376 pages, with 80 engravings and five colored plates. Cloth, $2.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

Well written short works on any subject are without doubt of great value to the student, to whom a thorough knowledge of the elements of the subject are essential before more elaborate view of the subject, as it were, can be obtained. This little work places the essential facts and principles of obstetrics within easy grasp of the student, and assists him very materially in following the lectures and practical teachings of his college course.

Thornton's Dose-Book and Manual of Prescription Writing, with a list of the Official Drugs and Preparations, and the more important Newer Remedies. By E. Q. Thornton, M. D., Demonstrator of Therapeutics, Jefferson Medical College, Philadelphia. Second Edition, Revised and Enlarged. Octavo, 362 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Bound in flexible leather, $2.00 net.

This work is intended for the student of medicine both during his years of study as an undergraduate and in the early period of his professional career. The volume will also prove of value to the practitioner of many years' standing for purposes of reference. In the revision additions have been made to the chapters on "Prescription-Writing" and "Incompatibilities," and references have been introduced in the text to the newer curative sera, organic extracts, synthetic compounds, and vegetables drugs. To the Appendix, chapters upon Synonymns and Poisons and their antidotes have been added.

As in the former edition, this volume will be a valuable work of reference for the practitioner, full of practical suggestions. To the student such a book is indispensable.

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Saunders' Medical Hand-Atlases. Atlas and Epitome of Special Pathologic Histology. By Docent Dr. Hermann Durck, of the Pathologic Institute of Munich. Edited by Ludvig Hektoen, M. D., Professor of Pathology in Rush Medical College, Chicago. Volume II. Liver; Urinary Organs; Sexual Organs; Nervous System; Skin; Muscles; Bones. With 123 colored illustrations on 60 lithographic plates and 192 pages of text. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $3.00 net.

The volume continues the subject of Pathologic Histology in the Saunders Series of Hand-Atlases, and is, if anything, even handsomer than its companion volume issued some months ago. As in all the volumes of this well-known series of books, the illustrations are the special feature. The subject of pathologic histology is particularly adaptable to illustrative treatment. Indeed, in no other way can the subject be adequately presented in a text-book. The colored lithographs of this volume are beautifully reproduced, and are extremely accurate representations of the microscopic changes produced by disease. The great value of these plates is that they represent in the exact colors the effect of the stains which are of such great importance for the differentiation of tissue.

The text portion of the book is admirable, and, while brief, it is entirely satisfactory in that the leading facts are stated, and so stated that subject extensively. The work is modern and scientific, and altogether forms a concise and systematic view of pathological knowledge.

The Physicians' Visiting List, published by P. Blackiston's Son and Company, Philadelphia, begins the 51st year of its publication with 1902. The regular edition is arranged for from 25 to 100 patients per day or week. The perpetual edition is arranged for either 1300 or 2600 names. The monthly edition is so arranged that the name of the patient needs to be written but once during the entire month, and can be commenced at any time. It is a great help to the physician on account of its simplicity and completeness.

The Medical Council prints a very neat and satisfactory Physicians' account book, and those who have not satisfied themselves of its usefulness by purchasing one had better do so for the ensuing year. It will save you ever so much worry and compel you to keep your accounts correct.

Sollmann's Pharmacology. A Text-Book of Pharmacology. Including Therapeutics, Matera Medica, Pharmacy, Prescription-Writing, Toxicology, etc. By Torald Sollmann, M. D., Assistant Professor of Pharmacology and Materia Medica, Western Reserve University, Cleveland, Ohio. Royal octavo volume of 880 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $3.75 net.

The present work exhibts a manifested disposition upon the part of the author to forcibly present the close relations existing between pharmacology and the practice of medicine; in this particular the present volume paying much more attention to this phase of pharmacology than is employed in any other text-book upon this subject. The general construction of the work is excellent as a reference book as well as a book for students and scientific discussions. The acton of drugs, as well as their composite strength and dose, are so handily formulated that one may in a moment ascertain anything which may be desired in any of these particulars. The general description and

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the combination of drugs is not made in that loose general way, but is given with greater accuracy and positiveness than is usually the case in books of this class. The chapter on bacteriology is worthy of comment, and the description of laboratory work will be of much service to students.

Studies in the Psychology of Sex. Sexual Inversion. By Havelock Ellis, L. S. A. (England); Fellow of the Medico-legal Society of New York and the Anthropological Society of Berlin; Honorary Fellow of the Chicago Academy of Medicine, etc.; general editor of the Contemporary Science series since 1899. The "Studies in the Psychology of Sex" will probably be completed in five volumes. "Sexual Inversion" is second volume in the series. Pages xi-272. Size, 8⅝x5¾ inches. Extra Cloth, $2.00 net, delivered. Sold only to physicians, lawyers, advanced teachers, and scientists. Philadelphia, Pa.: F. A. Davis Co., Publishers, 1914-16 Cherry Street.

The present volume is the second edition of the work which the author has endeavored to complete in five volumes, each volume of which is to be complete in itself and sold separately. Although the author is an Englishman, his book is not published in England, the first edition of the same having been seized by the police and destroyed, on the ground that the work was not a scientific one, but on the other hand was a collection of obscene cases, the general circulation of which would be of no benefit to anyone. The present volume covers the question of sexual inversion, and the cases referred to are largely those which came under the observation of Dr. Ellis. So far as the general public is concerned, it is sometimes best to ignore conditions which are unpleasant, but from a scientific basis it would seem as though the greater knowledge which may be acquired upon topics like the present, no matter how distressing they may be, is for the best in formulating a scientific science, such as students of medicine are trying to do.

An American Text-Book of Pathology. Edited by Ludvig Hektoen, M. D., Professor of Pathology, Rush Medical College, Chicago; and David Riesman, M. D., Professor of Clinical Medicine, Philadelphia Polyclinic. Handsome imperial octavo of 1245 pages, 443 illustrations, 66 of them in colors. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $7.50; Sheep or Half Morocco, $8.50 net.

The importance of the part taken by the science of pathology in the recent wonderful advances in practical medicine is now generally recognized. It is universally conceded that he who would be a good diagnostician and therapist must understand disease—must know pathology. The present work is the most representative treatise on the subject that has appeared in English. It furnishes practitioners and students with a comprehensive text-book on the essential principles and facts in General Pathology and Pathologic Anatomy, with especial emphasis on the relations of the latter to practical medicine. Each section is treated by a specialist who is thoroughly familiar with his particular subject, and can best frame the theories and conclusions in an authoritative form. The illustrations, which are nearly all original, and of which 66 are in colors, are unsurpassed in beauty by those in any similar work in the English language. In fact, the pictorial feature of the work forms a complete atlas of pathologic anatomy and histology.

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The American doctor is proud of Dr. Hektoen and of his great laboratory at Rush Medical College in connection with the University of Chicago, to which the present reviewer was kindly introduced by Dr. A. D. Bevan, formerly of Portland, now professor of surgery in the same college. Dr. David Riesman is looked upon throughout the East as a positive authority upon the subject matter of this book. The volume is really a system edited in special departments by great men in several lines of medicine, well known authors and accepted authorities in the department in which they write. This list is headed by Lewellys F. Barker, and includes such names as Carter, Collins, McFarland, L. J. Mitchell, Ohlmacher, Kilsman, Stevens, Vaughn, J. Collins Warren and Warthin. The numerous advancements in pathology during recent years has well required such a particular corps of men and their associates as is here mentioned to bring the present volume up to date, which in every department has been done.

The Practice of Obstetrics by American Authors. Edited by Chas. Jewett, M. D., Professor of Obstetrics and Gynecology in the Long Island College Hospital of New York. Second Edition, Revised and Enlarged. Illustrated. 445 Engravings, 48 of which are in Colors, and 36 Colored Plates. Lee Bros., New York and Philadelphia. Cloth, $5 net, Leather $6 net, One-Half Morocco, $6.50 net.

The first edition of this work, which was published two years ago, has long been exhausted, and those who have made this work a text-book have been clamoring for some time for a second edition. The present volume has been very largely revised and many new illustrations have been added, original in character. The chapter on the pathology of pregnancy and obstetrical surgery has been given many changes and these subjects are presented largely on new lines. Dr. M. A. Crockett has rewritten the chapters originally contributed by he late Dr. J. H. Ethridge, with the exception of three chapters which have been written by the editor. The corps of writers make up a list of authorities upon the subject of this work which will continue to give it a front rank in the field which it essays to occupy.

The Diagnosis of Nervous and Mental Diseases. By Howell T. Pershing, M. Sc. M. D. Professor of Nervous and Mental Diseases in the University of Denver; Neurologist to St. Luke's Hospital; Consultant in Nervous and Mental Diseases to the Arapahoe County Hospital; Member of the American Neurological Association. Illustrated. 12mo. Published by P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia, 1901. Price, in Cloth, $1.25 net.

The present work is the outcome of a series of diagnostic tables which Professor Pershing has for many years been using in lecturing his classes on nervous diseases. The plan is that of pointing out the most prominent symptoms in a given case of nervous disease, together with an analysis of such symptoms as will lead to the recognition of the disease. The book is written for those who are not neurologists and, as pointed out by the author, it attempts to show on paper what the neurologists would have in mind in confirming his diagnosis, step by step. It is the first thing which has ever been written purely upon the diagnosis of nervous diseases and should have a large sale.

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PERSONALS.

Dr. R. F. Johnson, of Centralia, was in Portland recently.

Dr. G. A. Houck, of Roseburg, was in Portland recently.

Dr. Cole, of Pendleton, spent the holidays in Helix, Ore.

Dr. E. B. McDaniel, of Baker City, was in Portland recently.

Dr. R. J. Pilkington, of Astoria, was in Portland recently.

Dr. J. D. Scalon has returned to his home at Ridgefield, Wash.

Dr. Pascal Yearsley, of Oakesdale, Wash., has located in Ritzville.

Dr. L. C. Ford, of Lima, Mont., was a recent visitor in Butte, Mont.

Dr. E. T. Gagen, of Haines, was a recent visitor to Baker City, Ore.

Dr. August C. Kenney, of Astoria, was a recent visitor in Ashland, Ore.

Dr. C. C. Moody, formerly of Oro Fino, Ida., has removed to Greer, Ida.

Dr. J. F. Henry, recently of Brownsville, Ore., has removed to Diamond, Cal.

Dr. C. H. Wheeler, formerly of Colusa, Cal., has removed to Redding, Cal.

Dr. J. F. Gullette, formerly of Condon, has located in Newburg, Oregon.

Dr. N. L .Lee, of Junction City, has recently been visiting friends in Eugene.

Dr. A. W. Coleman, recently of Anaconda, Mont., has moved to Pueblo, Colo.

Dr. Geo. Smart, formerly of Provo City, Utah, has moved to Springfield, Utah.

Dr. R. C. Yenney spent the holidays in Walla Walla.

Dr. C. M. Hoover, of Roseburg, Ore., was in Jacksonville on business recently.

Dr. T. D. Sayer, of Montreal, Canada, has located in Everett, Washington.

Dr. O. D. Butler, of Independence, Ore., has just been elected mayor of that city.

Dr. O. K. Beers, of Wasco, has recently been viiting relatives in Albany, Ore.

Dr. E. W. Rossiter, formerly of Forest Grove, Ore., has removed to Woodburn.

Dr. H. L. Power, formerly of Gresham, Ore., has removed to Palmer, Oregon.

Dr. R. C. Coffey, of Portland, recently returned from a professional visit to Drain, Or.

Dr. J. J. Harrington, of Juliaetta, Ida., was recently visiting friends in Lewiston, Ida.

Dr. R. O'Shea, of Spokane, was appointed house surgeon for St. Elizabeth's hospital, Boston.

Dr. Pompe has returned from the East to his home in Toledo, Wash., after several months' absence.

Dr. Lulu B. Hamiltor, of Red Lodge, Mont., has gone to Cody, Wyo., where she expects to make her home.

Dr. E. E. Hey, of Seattle, was appointed a member of the State Board of Health by Governor McBride.

Dr. Cummings was appointed assistant health officer at the recent meeting of the board of health of Seattle.

Dr. Frank Webb, of Nez Perce, died in Lewiston, Ida., Dec. 28. The re-

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mains were taken to Pullman, Wash., for burial.

Dr. Boyd Richardson, who recently accompanied a patient to the hospital in Portland, has returned to Winlock, Washington.

Dr. Findley, formerly of Baldwin, Kansas, received his license to practice in Oregon, and has located at Grants Pass.

Dr. W. T. Phy, who has been taking a post graduate course in New York, has returned to his home in Baker City, Ore.

Dr. and Mrs. J. M. Kune have returned from their honeymoon vacation in San Francisco to their home at Medford, Oregon.

Dr. Brooke, who has been associated with Dr. Rockman, of Butte, Mont., left for Stevensville, where he will locate permanently.

Dr. J. S. Newcomb, formerly of Sprague, Wash., has been appointed assistant superintendent of the insane asylum at Medical Lake.

Dr. F. M. Day returned from Portland recently to his home in Eugene, accompanied by his family, who have just arrived from Minneapolis.

Dr. Scamell, of Aberdeen, Wash., resigned Saturday as surgeon of the St. Joseph's hospital at that place. Dr. Stapp has been engaged as his successor.

Dr. H. W. Foster, of Bozeman, Mont., who was taken to a Minneapolis hospital, is recovering from an illness which at one time was feared would prove fatal.

Dr. W. W. Potter, who has held the position of city health officer of Spokane for the past eight years, has resigned, as other work demands his attention. Dr. Kimball has been appointed to fill the vacancy.

Dr. Frank Lemon, of North Yakima, Wash., has secured a position as surgeon on one of the Dodwell line of steamers running from Puget Sound ports to the Orient.

Dr. T. E. Hoxey, of Medical Lake, will have charge of his brother's practice in Spangle during the latter's absence in Chicago, where he goes to take a post graduate course.

Dr. Frank Selover, of Eugene, was called to Portland recently to attend his mother, who was severely injured in escaping from the burning building in which she made her home.

Dr. J. A. Hamilton, of Shelton, Wash., has gone to Seattle to attend to his brother's business, the latter having been called home to Toronto, Canada, on account of the death of a sister, and the illness of his mother.

Dr. Byron E. Miller, who has been in Europe for the past six months, arrived in New York from London last Friday on the steamer Philadelphia. He will rest a few days in New York and return home about the 1st of February.

Dr. H. J. Littlefield, of Newberg, Oregon, was recently surprised by a farewell reception given him by his many friends prior to his departure south. Before leaving they presented him with an elegant watch charm, with his initials neatly engraved thereon.

Dr. John N. Weston, the oldest physician in length of time of practice in Owyhee county, died at his home at De Lamar, Idaho, Dec. 30, 1901, aged 41 years. He was stricken several weeks ago with a complication of troubles, among which was cardiac complications, finally causing his death.

Dr. Edward N. Wilson, who long ago qualified himself for a specialist

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in eye and ear work, and who until recently was in general practice, has recently given up his general work and will therefore confine himself to diseases of the eye, ear, nose and throat. The doctor has had the misfortune to have a good deal of sickness during the last two years, and is now, we are glad to say, in better health.

Dr. M. R. Stapp, who assumed his duties as sugeon of the St. Joseph's hospital today, enjoys a most enviable reputation as a surgeon. He was surgeon of the St. Joseph's hospital from the time the institution was founded, in 1890, until he left San Francisco in 1900. During that time anaesthetics was administered to over 1200 patients and not a single surgical death resulted. Dr. Scamell, during the time of his incumbency at the hospital, has also been very successful in his operations, and has well established himself as a physician and surgeon in this community. He will erect a modern hospital of his own during the coming year.

The following physicians have passed satisfactory examinations before the State Board of Medical Examiners, and are entitled to practice medicine in this state: Rupart C. Cross, Carlton, Or.; William C. Spencer, Huntington, Or.; Robert H. Jenkins, Fossil, Or.; Homer I. Keeney, Portland, Or.; Floyd M. Day, Eugene City, Or.; Albert Carey, St. Johns, Or.; Edwin F. Lehman, Portland, Or.; J. W. Luckey, Cheshire, Ohio; J. H. Thompson, Ogden, Utah; G. Gustav Baar, Chehalis, Washington; Frank J. Gober, Trask, Or.; M. C. Findley, Grants Pass, Or.; W. W. Kimmell, Lebanon, Or.; D. P. Love, Riddle, Or.; Thomas A. Long, The Dalles, Or.; R. Goucher, Mulino, Or.

Exclusive Soup Diet and Rectal Irrigations in Typhoid Fever.

Seibert (Arch. of Ped) has obtained the following result by pursuing the above regimen:

1. Delirium, headache, insomnia, nausea, vomiting, and tympanites usually disappear within forty-eight hours of treatment.

2. Tympanites, nausea and vomiting never develop in any patient, even when complicating pneumonia was present.

4. Appetite came frequently on the fourth day of treatment, even when the thermometer registered 102° and 103° F.

5. Even excessive diarrhoea (fifteen to twenty-five daily stools) disappear invariably within first week of treatment.

6. In all uncomplicated cases the temperature began to decline within twenty-four to forty-eight hours after the beginning of treatment, and invariably would reach the normal figure within ten to twelve days.

7. In cases complicated by pneumonia, nephritis or phlebitis, when treatment began the temperature usually remained in accord with the inflammatory conditions found until these also disappeared, while the cerebral, gastric and intestinal disturbances usually subsided as rapidly as in the uncomplicated cases, excepting anorexia.

8. Complications, when not present at the start, were very rare, and and then usually developed within the first two days.

9. Intestinal hemorrhage was noticed in three cases, none ending fatally. Perforation did not occur.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES

Caesarean Section, With Report of Two Cases.

By W. Gilbert Cole, M. D.,
Pendleton, Or.

Read Before the Eastern Oregon District Medical Society.

Had the divine fiat been perpetual, as stated in the first two chapters of Genesis, a paper on the subject of Caesarean section would never had reason for an existence, for there it is stated God created a perfect man and a perfect woman. Scarce had these individuals entered upon the enjoyment of perfect manhood and perfect womanhood until, in the third chapter of the same book, we read that unto woman he said: "I will greatly multiply thy sorrow and thy conception. In sorrow thou shalt bring forth children.'

To those of you who have served as an all round family doctor, the truth of this passage of scripture has come time and time again.

I am unable to tell you how soon the ravages of disease and deformity added to this burden of sorrow, making even the bringing forth of children to some an impossibility. When this condition occurred, then occurred for the first time the necessity for interference by art, in order that the life of mother and child might be rescued from certain death.

The early history of this operation is so shrouded in myth and doubt, that I shall largely leave to your leisure its perusal.

The supposed reference in the "Talmud" is, according to Rodenstain, a mis-translation of the text, and the same authority suggests that the "Lex Regis," also known as "Numa's law," was added to the Roman law in the middle ages, with the intention of giving force to the decretals of the church, which thought through Caesarean section upon the dead to rescue the child for the rite of baptism before its life became extinct. This wise and prudent law still flourishes in the Roman church. The earliest well authenticated record of this operation comes from Germany, and was performed in Wittenberg by Trautman in 1610, the patient living from April 21st to May 16th..

From this time on the crucible of personal experience seemed to be the incentive for gathering statistics, and the frightful mortality at this late day seems appalling.

In Vienna Godson tells us the operation was done for 100 years without a single success, and in the

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maternity at Paris a similar result is stated, and in England an almost as dismal story is told for the 18th and a part of the 19th centuries. Here and there a success is recorded, however not always by the leaders in surgery.

Strange as it may seem the statistics furnished by Michaelis, in 96 cases reported with sufficient authority as to leave no doubt, 36, or, rather more than one-third, were hospital cases; in this number 25 of the 36 cases died, whereas of 60 cases in private practice, 31 recovered and 29 died.

In this, as in other surgical procedures, it remained for the genius of Lister to unlock the storehouse of knowledge, and show us the reason for this great mortality, until now, with approved surgical technic, the mortality, under favorable circumstances, should not exceed five per cent.

What are the indications for this operation?

If the true conjugate be two and five-eighths inches, or less, or if the contraction is so marked that delivery of the child by the natural passage is impossible, or if the pelvic canal is obstructed by solid, benign or malignant growths, or if the mother has just died, and the child is still living, the operation is absolutely indicated.

Relative indications:

Given an instance of pelvic contraction in which the chances are against delivery of the living child by the natural passages, and the time for induction of premature labor with delivery of viable child having passed, the operation would be justifiable, provided the foetal heart sounds are clear and regular. In this instance the patient is prepared and operated on before she has a chance to become in the least exhausted, either by nature or art. Or if the true conjugate be from 5.5 to 7.5 centm. In Vol. 2, page 416 of Kelly's work, an interesting case of relative indication is given, in which is cited spontaneous labor, a high forceps operation, including labor, a symphysiotomy, and a Caesarean section occurring in the same woman.

My first experience with this operation occurred in the fall of 1893, in Washington county of this state. I was called late in the evening to a farm house, where a dwarfed woman had been in labor 36 hours. For several hours before my arrival the woman had been more or less anesthesized, and forceps applied by a practitioner of several years' experience in an attempt to deliver the child. An examination with the pelvimeter revealed a flat pelvis, with all diameters lessened, more especially the conjugate, and the child was impacted. After careful examination by myself and associates, Drs. Ward and Large, we concluded that the child was already dead, and proceeded to do an embryotomy, in the hope of removing the child. In this we were disappointed, for, in spite of our best efforts, we could not get sufficient crushing force from the use of the forceps to enable us to accomplish our purpose. The mother's strength was waning, and there remained for us the alternative of a symphysiotomy or Caesarean section; we decided on the latter.

In the dining room of an old farm house, with an ordinary wash boiler for a sterilizer, with a door, unhinged from the wall, for an operating table, with kerosene lamps as a means of illumination, and a

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few neighbor women as assistants, we proceeded with the operation. The abdomen was cleansed with soap and water, shaved, and then washed with whiskey, and lastly with bichloride solution. The abdomen and uterus opened, the child extracted, the secundines removed, and the toilet of the peritoneum was completed by flushing with hot saline solution, and a gauze drainage wick passed down through the uterine incision into the vagina. The uterus was closed with deep interrupted silk sutures, and then by a silk Lembert suture the peritoneum was carefully brought over the uterine incision. The hemmorhage was controlled by means of a rubber tube passed around the uterine neck.

The patient made an uneventful recovery, and is, so far as I know, alive and well today.

This, I believe was the first Caesarean section successfully performed in the State of Oregon. If I am in error in this matter, I trust some member of this society will correct me.

The second case presents even more interesting features than the one above referred to. In the fall of 1900 I was consulted by a healthy husband regarding a desire for children. A microscopical examination of the seminal secretion gave proper evidence of his power to procreate, so I informed him that failure must reside with the wife, and requested a consultation, with the following history:

Patient a spare built woman, above the average in height, weight 120 pounds, irregular menstrual flow, accompanied with pain, necessitating her going to bed, considerable bloating at these times, the flow being a serous discharge rather than a bloody one, and very scant. On attempting to make a vaginal examination I was unable to find any vagina, which was further corroborated by inspection. In making a rectal and bimanual examination I could define the presence of a small uterus high up. Thinking I had an imperfect hymen to deal with, I advised an operation, and, with the assitance of Drs. Vincent and Perry, of Pendleton, operated on what proved to be an absence of vagina. With a sound in the bladder and one finger in the rectum I dissected for a distance of three and one-half inches, when I could feel the body of the uterus, but was unable to make the smallest probe find the channel leading to the os. Having dissected through this tissue, and, fearing infection should I open the peritoneal cavity, I determined to wait until a monthly flow should appear, and then, if possible, complete the operation. The vagina was kept patulous with a cylindrical speculum, wrapped in gauze, covered with oxide of zinc ointment, the whole retained in place by a "T" bandage. This was at first kept continuously in place, but, as the canal healed, it was discontinued. I was away from my practice at the time the first menstrual flow appeared, and, as the patient lived many miles from town, I had no opportunity of seeing her for two or three months, and when I then examined her I found undoubted evidences of pregnancy, notwithstanding the fact that both parties had been particularly enjoined of the dangers they were facing in case of conception. Now dawned on me the full meaning of the quotation, "What God has joined together let no man put asunder." Af-

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ter due consideration I concluded to wait developments, and a month previous to the time of the expected confinement, the patient was taken to the Walla Walla hospital, and, in consultation with Drs. Cropp and Shaw, of Walla Walla, and with their assistance, the operation of Caesarean section was performed, with the result of saving an 8-pound male child and the mother.

During this operation the following features presented:

At the time of delivery of the uterus out of the abdomen I intended to close by temporary sutures the abdominal wall, so as to avoid soiling the abdominal cavity. This proceedure I found a somewhat difficult feat, and it would unnecessarily lengthen the incision, so the uterus was opened in situ.

In cutting through the uterus the placenta was found in the line of the incision—the descriptions in the text-books given for locating the placenta are, like the early history of this operation, somewhat of a myth.

The hand was passed along the side of the placenta until the amniotic sac was reached. This was ruptured, an arm presented, which was replaced; the child delivered by the feet,. Then presented a circumstance which seems peculiar. Notwithstanding this woman was not in labor, the operation being an elective one, so far as time was concerned, done some six to ten days before the expected time of labor, estimated from the time of quickening, the head was firmly fixed in the pelvis, and required a rotation in the oblique diameter, and considerable traction before it could be extracted. The hemorrhage was controlled by grasping the sides of the incision with the fingers of each hand, and when the uterus was empty by compressing the wound together . The secundines were easily removed, and the uterus flushed with hot saline solution.

It was then necessary to pass a steel sound through the uterine wound and uterine canal, and cut through the vagina upon the sound in order to get drainage for the lochia. There appeared a space of some two inches from the top of the vagina to the os externum of the uterus, and through this a large abdominal glass drainage tube was passed, which, after a few hours, caused such pressure on the vaginal and rectal wallls, that it had to be abandoned, and gauze substituted.

The cavity of the abdomen was then sponged dry, and the uterus and abdomen closed, as in the previous case.

A hypodermic of fld. ext. Ergotae was given, and the patient put to bed. Sips of hot water were given to relieve thirst, nothing more for the first 12 hours. The child was applied to the breast, and nursed, as though the mother had given birth to it in the natural way. Allow me to say here that milk appeared in the breast for two weeks previous to the time of the operation. The patient and her babe left the hospital one month after the operation.

You will observe from the recital of these cases that the conservative operation was done, and that even the removal of any portion of the appendages did not occur. I asked permission to do this, but for sentimental reasons this the patient requested should not be done.

In conclusion allow me to say that while such operations may not

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fall to our lot during a life time, yet I believe that every practitioner should be able to form a fair estimate of the amount of pelvic contraction, as it is easier to measure a contracted pelvis than a normal one, and further that the general practitioner, in the practice of midwifery, should be more than a generally useful person, otherwise he will sink to the level of the ordinary midwife. Not only should he be able to estimate the amount of contraction, but his experience with normal cases should qualify him to form an opinion as to whether it would be possible for a living child to be born.

The points to be considered in this operation are, first, thorough asepsis of patient, operators and assistants.

Second—Expedition in work, as shock must necessarily figure as a factor in every case.

Third—Diligent efforts in controlling blood loss.

Fourth—A thorough cleansing of abdominal cavity by gently drying with gauze, avoiding all rough handling of the peritoneal cavity and contents.

Fifth—Careful suturing of uterine incision. This last, if not carefully done, may undo all the previous good work.

Urotropin in Intestinal Decomposition

Prof. E. Loehisch, at a recent meeting of the Medical Society of Innsbruck, gave the result of his experiments upon the use of urotropin in intestinal decomposition. Loehisch found quite accidentally that the drug inhibited intestinal fermentation, through his failure to find indican in the urine of patients taking urotropin. He showed by tables prepared by his assistant that the indican decreased pari-passu with the amount of urotropin administered: but in inverse ratio; until finally it disappeared altogether. He then endeavored to see whether this property could not be utilized therapeutically. It is well known that indican is increased in the urine in obstruction of the small intestines, chronic wasting diseases, such as cancer of the stomach, and, in general, it is considered to indicate disturbance of the normal decomposition processes of the alimentary canal. Disinfection of the intestinal canal is desirable in many cases in which agents like calomel are not appropriate; and the drugs generally used have not been found altogether practicable because, perhaps, most of them are poisons. Urotropin is very soluble in water, inhibitory to intestinal decomposition, valuable in certain urinary diseases, and is said to be harmless even when taken for weeks in medicinal doses. —International Medical Magazine.

Flatulency.

℞ Aq. chloroformi, fl. ʒ viij.

Sig. Tablespoonful before and after meals.

Indications. Used in flatulency with gastric fermentation.

℞ Acidi salicylici, gr. xxiv.
Oleoresinae capsici, gtt. vj.
Strychninae sulphatis, gr. ss.
Ext. gentianae, gr. xxiv.

M. Ft. pil. No. xxiv. Sig. One after meals.

Indications. Used in chronic gastric catarrh with fermentation.

℞ Aloes, gr. 24.
Asafoetida, gr. 48.

M. Ft. pil. No. 24. Sig. One after meals.

Indications. Used in flatulency and constipation of old people.—Dom. Med. Monthly.

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Caesarean Section.

By T. C. Humphrey, M. D.
Portland, Oregon.

Member of the Oregon State Medical Society, Member of the American Medical Association.

Caesarean section is so rarely necessary, and looked upon with such dread by most physicians, that it might be well to give the history of one I operated on January 16th, at 1 a. m., 1902.

Mrs. J., age 32 years, was a healthy and well-formed girl until four years of age, when she fell and injured her spine, which resulted in spinal curvature, hip disease and a general deformity of the pelvis. She became pregnant in May, 1901; came to me in November of the same year. I gave her a thorough examination, and found the following condition; 46 inches in height; superior crests, 7 1-2 inches; superior spines, 7 inches; trocanters, 10 inches; Boudeloque's diameter, 7 inches; inferior transverse, diameter, 1 1-2 inches. She was seen by Drs. Flinn, Gray, Batcheller, Coffey and Giesy, and after a thorough consideration of her case, I told her that Caesarean section was necessary, to which she consented.

I kept close watch of her, and requested her to inform me of the first approach of labor, which occurred January 13, 1902. I gave her opiates and quieted down the pain for two days, but about 9 p. m., the 15th, it became evident that labor had commenced, and, as I had made every preparation for the event, and had my satchel already packed, I immediately had her taken to the sanatorium, and gave orders to prepare her for operation. About 12:30 p. m., she being thoroughly cleansed, parts shaved and prepared, the anesthesia was begun. About 12:55 she was placed upon the operating table, myself and assistants having thoroughly sterilized our hands, and all with rubber gloves, the operation began.

Standing on the patient's right, with Dr. Coffey on the left, I made an incision from the umbilicus downward toward the pubes, about six or eight inches, which was carried a little above umbilicus, far enough to allow the uterus to be extruded from the abdomen. A three-eights-inch rubber tubing was placed around the lower part of the uterus, and slight compression made. At this point Dr. Coffey tied off and removed the Fallopian tubes. I then took a sterile rubber sheet 24x36 inches, and, puncturing it in the center, stretched it over the uterus, and allowed it to contract around the uterus. I then placed hot sterile towels below and above. Then, taking my scalpel, I punctured the uterus about the upper fourth anteriorly until I could introduce my fingers, and then with a Gabiati Bani knife, I made one stroke, which opened the uterus for about eight inches, exposing the contents. I then began separating the placenta, which was attached anteriorily, which was readily done, and removed it with the child. Drs. Walker and Geary did most valiant service at this juncture in resuscitating the baby—a 4-pound girl.

After sponging out the uterus, it was closed with catgut, and the

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abdomen flushed with warm salt solution, and the peritoneum closed with continuous catgut, and the skin with interrupted silk worm gut.

The patient came off the table with a strong pulse of 100, and never had a temperature over 101.6 deg. There was positively no hemorrhage. Uterine douches were given after the third day and kept up until the eighteenth day, when all discharges ceased; temperature becoming normal the thirteenth day. She was taken home the seventeenth day after the operation; both mother and child in excellent condition.

Management of Face Presentations.

Dr. Malcom McLean (Medical News) has accomplished safe delivery in this condition by a method which has been suggested, but results not reported, by other obstetricians. With the use of Schatz' method, that of converting a face presentation into one of the vertex, correction must be early while the head is above, or at the superior strait, and the waters of the sac undischarged. It is difficult in this proceedure to make a diagnosis of face presentation early enough, and it is not easy to secure the corrected position that relapse into the extended pose may not occur. He thinks that in the majority of cases the faulty position of the head is itself produced as the head attempts to settle into the pelvic canal. The general teaching that the mento-posterior position of the face will be self-corrected as soon as the chin reaches the floor of the pelvis, he considers delusive. This has occurred in but one instance in all of his experience.

He terms this method of dealing with this condition 'version by vertex within the pelvis." The patient is put under full chloroform anesthesia, the surgeon's hand is passed carefully into the vulva while the outside hand seizes the body of the child. If there is no uterine contraction the chest is pushed obliquely from behind forward, as much as possible away from the point toward which the chin is pointing, and in the direction of the occiput. The hand within the vagina is at the same time pushed up beside the head in one or the other oblique diameters of the pelvis, so that the fingers can reach the suboccipital portion of the head, while the thumb is used to steady the brow, and with a slight lifting motion imparted to the whole head it is caused to rotate on its axis, the chin passing upward above the sacro-ischiatic notch, as the occiput is drawn down below the pubis. Flexion may be hastened by pressing down the occiput with the outside hand as soon as the face is dislodged from its wrong position. The writer reports two successful cases where this method was employed, in one of which the chances of its proving successful seemed very doubtful.—The Chicago Clinic.

Carbolic Injections in Scarlatinal Amygdalitis.

H. Judson Liper reports the successful employment of Heubner's treatment. By means of a long bent needle, from 2 to 4 drops of a 1 in 40 solution of carbolic acid are injected into two or three different spots in the tonsil. Liper has used this method even in suckling infants.

℞ Acidi carbolici—crystals.
Aq. destil., q. s. ad ℥ j.
M. Sig. Inject from two to four drops into the tonsil.—N. Y. Med. Jour.

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The Failure of Medical Practice Acts.

By C. S. Moody, M. D.,
Orofino, Idaho.

After several years spent in observing the effect of medical practice acts in this and neighboring Western states, and after a few trials as legislator, trying to bring order out of the chaos of cult and pathy, I, who started out with the most sanguine of hopes, am forced to admit the utter uselessness of it all; the total inadequacy of any statute now upon the books to compete with charlatanry. Bind men down if you will, enact laws to better them if you choose. Yet, there seems to be that in human nature that impels toward the under world. In this state, at least, the struggle for medical purity has resulted in a gloomy failure. A law that was ostensibly framed to elevate the medical professsion and prevent Idaho being the dumping ground for the professional refuse of our sister states, has resulted in defeating the very ends for which it was framed. There is not a town of importance (and a great many unimportant) in this state that has not one or more doctors who are practicing in direct violation of the law, and defying the State Board to prohibit them. Is it any better in Oregon, Washington or Montana? You yourselves may find the answer by searching the records of your examining boards, then strolling down the main thoroughfares of your cities, and counting signs setting forth the place of business of Dr. So and So, whose office is guiltless of any documentary evidence of compliance with the law.

Would I suggest a remedy? No, thank you. I do not care to pose as a champion of the impossible. So long as press, public and pulpit combined are opposed to medical legislation I see very little hope for accomplishing any good. Then, too, the profession itself is split up into some half dozen conflicting camps, each one jealously watching the other. So long as we lack confidence in each other how can we expect people to have confidence in what we advocate. So long as honest men are racked with diverse ideas of right and wrong, so long will the rascal have his day. Until the medical profession, as a whole, decide to quit fighting over ism and pathy, so long will legislation prove itself a delusion and a snare. It may be true that I take too pessimistic a view of the situation, but I am impelled to it by years of careful scrutiny of the trend of medical affairs.

You cannot legislate morality into the human race; you cannot enact laws to make men better. You cannot have an effective medical law wherever the Board is dependent upon the political whim of some biased chief executive.

Medical societies for the upbuilding of the profession are a boon. Medical laws with a "Thou shalt not" are screaming farces. I should like some cheerful optimist, with the courage of his convictions, to take up the lance in defence of any medical statute now on the books. I will volunteer to show him no less than three fatal errors in each one of them.

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Jacksonian Epilepsy—Operation

By Frank W. Hall, M. D.,
Victoria, B. C.

Lilllie B., aged 10 years, a healthy, well developed child, two years ago first developed true Jacksonian or Cortical Epilepsy; the contractions beginning in the muscles of the left hand, thence to the muscles of the entire body. The epileptic seizures, coming on about every two months, and gradually increasing until the child was brought to my office, now as frequent as five attacks a day. The mother stated that the attacks were becoming more severe. The family physician first treated the child for worms, also gave large doses of bromides and iodides, but to no purpose. In my examination of the child, I noticed a small scar on the forehead, close to the hair, and a little to the right of the frontal sinus. Four years ago, when coming from school, a little boy had struck her with the corner of a slate, the wound requiring but one stitch. I informed the mother that, in my opinion, the child had a fracture of the inner table of the skull, and that it was pressing on the brain, and causing the epilepsy. On assuring her that there was little or no danger from the operation, the child was sent to the Jubilee Hospital, and on May 15, 1901, operated on. A large eliptical incision was made over the seat of the injury, and a button of bone the size of a twenty-five-cent piece removed, and placed in hot saline solution. The inner table was found to be pressing upon the brain. I also removed considerable bone with the Rongeur forceps, replaced my button of bone, and closed the wound. After three weeks in bed, the child returned home. The wound healed by first intention. Ten days after the operation the child had a slight attack, but since that time there has been no recurrence; her health has been excellent. Her mother informs me that she is much brighter and a better student.

Beginnings of Coxitis.

M. P. Desfosses (La Presse medicale) says the early signs of pain in the knee and crying out at night, with an intermittent, halting gait, should not be overlooked. A halting gait in a child of more than a year of age is significant. Below this age there is a lagging behind of the affected member when flexion is practiced. In the lying position one leg may appear smaller than the other, and muscular atrophy may be demonstrated. A slight glandular enlargement may affect the inguinal glands of the diseased side. If both limbs are healthy, a child lying recumbent upon a hard surface can easily extend both legs; if on one side, there is a beginning coxitis, the diseased thigh will remain flexed upon the pelvis, the leg upon the thigh. A lordosis will appear when both legs are extended, if one side is diseased. Pain will be elicited upon deep pressure in Scarpa's triangle just outside of the region where the beating of the femoral artery is felt. This is the seat of pain complained of by the patient when the trochanter or the flexed knee is percussed. Treatment must be begun at once, and consists mainly in continuous extension and the wearing of suitable shoes.—Indiana Medical Record.

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EXTRACTS.

The Treatment of Eczema on Modern Lines.

By A. H. Ohmann-Dumesnil, A. M., M. D., St. Louis, Mo., Consulting Dermatologist to the St. Louis Health Department; Formerly Professor of Dermatology and Syphilology in the St. Louis College for Medical Practitioners.

The modern trend of pathology is to be bacteriological. We daily find investigators publishing the results of their researches; and, in many instances where such were not suspected, bacteria have been found to be the cause and origin of the diseased conditions which exist. In no department of medicine is this more prominently exemplified than in skin diseases, and he who keeps posted on them has noted this fact. The mistake must not be made that these bacteria are mere Saprophytes. They have been proven to be of a more or less specific character in the way of always producing the same affection, and of always being found in that same condition. This is certainly sufficient proof of their specificity, and the further fact is found that the remedies which cure the disease will also destroy the bacteria, when they are removed from the soil on which they been originally found. And the converse is equally true. Those agents which will destroy the bacteria in vitro, will do so upon or in the living tissue; but, one thing should never be lost sight of—the agent to be curative should not be irritating or destructive to the tissues.

The production of such a germicide has been successfully accomplished, and physicians will now be enabled to use it without the fear of corroding tissues by a preponderance of acids, and surgeons will also find that there has been offered at last a bland antiseptic which, while powerful in its properties as a germ destroyer, is not in the least degree prone to produce pain or other disagreeable symptoms. This has been accomplished by the production of Germiletum whose composition in chemical nomenclature, is: HBF_4 -|- BOH $(OC_6H_4COOH)_2$ -|- BOH $(OC_6H_3COOH)_9$ -|- $C_3H_5BO_3$ -|- CH_2O $C_{10}H_{14}$ -|- $KMnO_4$ -|- $C_{10}H_{26}O$ -|- $C_{24}H_{28}N_3Cl$.

It is, in plainer words, a slightly alkaline chemical solution of borohydrofluroic acid, borosalylbenzoic acid, boroglycerine, formaldehyde with potassium permanganate, menthol, thymol and antiseptic aromatics. It is a liquid, and its properties are those of a slightly alkaline antiseptic, miscible in all proportions with water.

The value of Germiletum as a non-irritant germicide is further accentuated by the fact that its use has been followed by such excellent results in surgery, gynecology, obstetrics and dentistry. A great advantage possessed by this antiseptic is that it acts as well where there is a break in the tissue as on the unbroken surface. It is particularly adapted to catarrhal conditions, not only of the skin, but all the mucous membranes which are usually caused by micro-organisms. Nasal catarrh, which has long been an odium of medicine, may now be successfully combatted by this alkaline antiseptic. Gastric fermentation (mainly butyric) and many forms of dyspepsia will readily yield to the action of Germiletum, which can be taken internally, on account of its non-irritating properties. It also serves a valuable purpose internally in zymotic diseases. It has its best internal

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application probably in the treatment of diseases caused by bacteria in the alimentary and intestinal canals.

The good results obtained from its use in skin diseases of bacterial character, more especially eczema, has led to these few remarks. The fact that Germiletum has such a good effect upon inflammatory diseases of the cutis of a bacterial nature, is a sufficient proof of what its action should be in analyzing inflammatory conditions of the organs and tissues. In some of these in which it has been employed, the expected results have followed, and in others, disappointments which were almost expected, did not take place. An advantage presented by this preparation, and one which is not positively therapeutic, is its pleasant odor.

The antiseptic aromatics which it contains, will imemdiately make it gain favor with the patients, and they will readily consent to its prolonged use, where it would soon be discontinued did it possess a disagreeable or repulsive odor. This is certainly an advantage, more especially when it is recommended for toilet purposes or vaginal injections. Another advantage presented by it, is that it is practically colorless, and will not stain the clothing, so that vesical irrigations may be taken without fear of any disagreeable accompaniments. Whilst these are perhaps but minor considerations, they are of sufficient importance to make a favorable impression, or the reverse. A nauseous odor, an ugly odor, or similar minor matter, will unmake a preparation. Today is the period of elegant pharmacy, and all remedies must be so compounded as to be really appetizing to the patient.—St. Louis Medical and Surgical Journal.

A Clinical Report on the Use of Antitoxine.

By David B. Thornton, M. D., Los Angeles, Cal.

H. V., accompanied by his wife and two children arrived in Los Angeles, California, from Chicago, on Saturday morning, October 19, 1901. On Thursday, October 17th, their eldest child, a boy eleven years old, complained of a sore throat. On Friday he was quite ill, and after their arrival in Los Angeles I was called to prescribe for the child.

Upon examining the child I found the right tonsil covered with a white membrane. The left one was covered with a membrane of a white and dirty gray color which was adherent, so that attempts to remove it caused the tonsils to bleed. Both anterior and posterior cervical glands were somewhat enlarged; the pulse rate was 150, and the temperature was 101°.

I made a diagnosis of probable diphtheria, and, going to the City Board of Health, secured a couple of blood serum tubes, upon which I made cultures from the boy's throat. The tubes were then returned to the city bacteriologist, who later reported to me, by telephone, that my case was one of true diphtheria.

On Sunday morning, with a Parke, Davis & Co. antitoxine syringe, I hypodermically injected into the boy's back 1,000 units of antidiphtheritic serum (P., D. & Co. special XX). As a prophylatic measure I injected 500 units of the antidiphthertic serum (P., D. & Co. special XX) into the back of the other child, a little girl four years old.

No disagreeable effects followed either injection. On Monday my patient was feeling much brighter, and the membrane had markedly disap-

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peared. On Tuesday both tonsils were nearly clear of diphtheria membrane, but a dirty gray patch was observed on the posterior surface of the uvula. I injected another dose of 1,000 units on Tuesday afternoon, and on Thursday morning I was pleased to note that the throat was entirely clear of diphtheritic membrane, and the little fellow was feeling finely. An uninterrupted return to health has marked the case from day to day.

While using antitoxine in this case, I did not neglect proper local antiseptic treatment. However, I am willing to accord to the antitoxine used, the rapid disappearance of the diphtheritic membrane, the neutralization of the diphtheritic toxins, as evidenced by lessened rapidity and increased force of the heart's action, the daily reduction of temperature, and the prompt restoration to health. The younger child remained well, and evidently will escape infection. The parents of my patient are delighted with the recovery of their son; they are especially grateful, because a few years ago their eldest son died during an attack of diphtheria.

Some Obstinate Bladder Cases.

By George W. Hopkins, M. D., Cleveland, Ohio.

John C.—Age 31. Occupation, patrolman. Following exposure, patient experienced bladder troubles as follows:

Frequent urination, tenesmus, hypogastric pain and a temperature of 101.4 degrees.

The urine was scanty, turbid and loaded with mucous.

Diagnosis: Acute cystitis.

Treatment consisted of rest in bed, restricted diet, anodynes for the tenesmus, diluent and alkaline drinks.

The acute symptoms promptly subsided, but the urine continued abnormal despite the general measures employed and the internal administration of urinary antiseptics.

Irrigation with boric acid solution of varying strength proved unsatisfactory, as did also solutions of Potassium Permanganate and Silver Nitrate similarly applied.

Twenty per cent. solution of Glyco Thymoline was then substituted for irrigation, and the improvement was marked and continuous until recovery was perfect.

Harry R.—Age 43. Had a history of bladder trouble of several years' duration.

His urine was blood tinged and loaded with mucous.

Microscopic examination revealed an abundance of ammonia, magnesium phosphates, numerous disintegrating pus corpuscles, blood corpuscles and blood shadows.

Repeated examination with the sound gave negative results, but a skiograph taken with a high vacuum tube, revealed a small calculus, which had persistently evaded the sound in previous examinations.

Lithotomy was performed and the calculus removed, but the urine failed to return to normal.

Irrigation in turn with Boric Acid, Potassium Permanganate and Silver Nitrate solutions proved unsatisfactory.

Glyco Thymoline irrigations proved satisfactory from the start, and recovery was ultimately perfect.

Medicinal Eruptions from an Internal Cause.

Henry Barnard (Gazette des Hopitaux Civils et Militaires), in describing the characteristics of medicinal eruptions, says that, generally speaking, these eruptions are polymorphous in their manifestations, more or less generalized, and frequently inco-ordinate their clinical manifestations. They are often devoid of general phenomena, and they may or may not co-exist with other symptoms of medicinal intoxication. They always cease at a longer or shorter period after the administration of

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the drug which has caused them is stopped. There is scarcely a drug, whatever may be its origin—chemical, vegetable or animal—which may not, under certain conditions, cause an eruption. This eruption may vary widely in appearance, and its diagnosis is sometimes difficult. The writer enumerate many drugs with their eruptions, among which are the following: Quinine, particularly the sulphate of quinine, produces all sorts of eruptions, the most frequent, however, being a temporary erythema, without pruritis or disquamation. Salicylic acid and the salicylates sometime cause eruptions which are erythematous, bullous, or purpuric in character. There is nothing characteristic of this drug. Belladonna and digitalis in some cases cause simple erythematous, in other cases scarlatiniform eruptions. Antipyrin is one of the most common causes of drug eruptions, which appears in various forms.—Medical Record.

Diabetic Diet List.

N. S. Davis (Jour. A. M. A.) says: The following menu will illustrate what should be prescribed while a strict diet is maintained. On "fast days" a limited amount of these same foods should be recommended:

Breakfast—Tea or coffee without sugar or cream, one egg and bacon, and two or three slices of nut bread with butter (Chicago sanitary flour or similar substitute for wheat flour).

Dinner—Bouillon or broth; beef, mutton or chicken; spinach or asparagus, or wax beans; salad or lettuce or tomatoes, with cheese; black coffee without sugar.

Supper—Tea or coffee without sugar or cream; meat, or fish, or mushrooms; a salad of tomatoes, or lettuce, or chickory, etc.; two or three slices of nut bread.

At bedtime in the evening, an egg lemonade made with saccharine can be given.

Use as much butter as possible on bread and oil on salads; eat by preference fat meats.

Selection of Anesthetics for Children.

The generally accepted idea that chloroform is the safest of anesthetics for use in childhood is refuted by T. H. Halsted (Philadelphia Med. Journal.) He regards chloroform more dangerous in infancy than any other period of life, and quotes Wyeth, who says that while he uses chloroform in almost all cases in adults, that he invariably uses ether with children. Chloroform is especially to be avoided when there is any glandular enlargement, for Kolisko has pointed out that in those cases of death during anesthesia, in which heart and kidney lesions were not found, a condition of "habitus lymphaticus" was invariably found. This condition is often noted in children, in whom aberration of the lymphatic system is common.—Chicago Clinic.

Veratrine in Pruritis.

In the obstinate pruritis of women at the menopause, Dr. Lutaud recommends the external application of veratrine, if the pruritis is localized. He orders an ointment of 2½ grains of veratrine to an ounce of lard, to be applied morning and night. If the pruritis is general, he orders the drug internally: 1-180 grain in pill form once a day, gradually increased to six times a day, half an hour before meals or three hours after meals.—Merck's Archives.

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MARCH, 1902

MEDICAL SENTINEL

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Meat Inspection.

The Sentinel fully endorses the recent action of the Portland City and County Medical Society regarding the necessity of a thorough system of meat inspection, and would like to see it applied, not only to the larger cities, but the smaller ones also.

It is a notorious fact that the slaughter house is the dumping ground not only for the old animals that in time accumulate in every farmer's barnyard, but also for those animals in which some slight ailment is either detected or suspected, and which is feared, will, in time, destroy the usefulness of the animal either for breeding purposes, or for milk.

It is only by competent inspection that these earlier cases of diseased conditions can be detected, and the public protected against the use of such meats. This factor of itself should be sufficient to demand a careful supervision of all slaughter houses.

When, on the other hand, we realize that in many cases animals with the most pronounced diseases are killed, and all parts, except those actually exhibiting the evidences of the disease, offered for sale, the necessity of stringent measures to protect the consumer becomes evident to all.

Whether or not the different va-

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rieties of tubercle bacilli thrive only on their own selected species of animals or not, is a matter of small import. It is time enough to have no inspection when the consumption of such diseased food is found to be either beneficial or actually essential to the well being of the human species.

The general government is generous in supplying competent inspectors, and, as the demand for them increases, will, no doubt, cheerfully supply them as needed. The fault lies with the people, and whatever the medical profession can do to correct it can only redound to their own credit, and the protection of the people.

NOTES

Dr. Wallace W. Potter Resigns.

Dr. Wallace W. Potter, who has held the position of Secretary and Health Officer to the city of Spokane, Washington, for these many years, resigned his position on the 16th of January, retiring after a service of great value to his city, and credit to himself.

The following resolution, passed unanimously by the Board of Health of the city of Spokane, is simply a public expression of the general and private opinion favorable to Dr. Potter's work and to himself personally:

Dr. W. W. Potter, Retiring Health Officer, City of Spokane:

Dear sir: By your resignation as Health Officer, after eight and one-third years of service, we feel that the city has lost a faithful and honest official, the public a capable and painstaking servant, and the Board of Health a most efficient executive. On account of your uniform courtesy and obliging manner,, dealing impartially yet strictly with all, we bespeak the regrets of the general medical profession of the city at your resignation.

Especially do we wish to commend you for your untiring and efficient energy during the present and former outbreaks of smallpox. We feel that everything has been, and is being done, possible by human power, to arrest the progress of this dread disease. While there has been some unwarranted criticism and abuse, yet the methods formerly pursued are still in vogue, and have been demonstrated to the public as efficacious.

"He kept with princes due decorum,
Yet never stood in awe before 'em."

Whatever you may select for your future avocation, we can wish you no more success in private life, than you have merited as a public official.

Respectfully,

WALTER F. MORRISON, M. D.,
President,
C. S. KALB, M. D.,
GEORGE W. ROBERTS, M. D.,
Spokane Board of Health.

Dr. Edwin L. Kimball, a capable and competent practitioner, upon the petition of twenty-eight leading citizens of Spokane, was appointed as Health Officer on the 21st of January, taking up the work which Dr. Potter had laid down.

Dr. Potter is now in New York doing post-graduate work, and expects to return to Spokane in May or June, to take up the general practice of his profession. His consultation work in general medicine will no doubt be a leading and pleasant portion of such work.

American Congress of Tuberculosis.

The executive officers or executive committee were directed to name vice-presidents from each State or

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Territory, Province or country, at least three from each, and selected as far as practicable from both professions of law and medicine. More than seventy-five of these have been already slated, and when all are filled will be announced.

The executive committee authorized and directed the selection of one or more honorary vice-presidents from each State, Province, or country, and already a large number of these appointments have been made from the highest public officials in the American States, the Dominion of Canada and Central and South American countries, embracing the governors of American States and the Provinces of the Dominion of Canada, and others in high official positions in sympathy with its labors.

The full list of officials, members and delegates named by the governors of our States, and those of foreign countries, will shortly be published with the titles and authors of papers, of which a large number have already announced their names and title of contributions. They will be given in full in our next issue.

The meeting will be held as before, in the Hotel Majestic, with whom arrangements have been made for reduced rates. Arrangements will be made with railways for reduced rates for delegates, of which details will be announced later on.

The banquet wil be given on the evening of the 15th of May, with price per plate at $2.00 each, exclusive of wine.

There will be a strong effort made to organize a museum, for which the Hotel Majestic will furnish suitable room on the floor above the parlors.

Every medical society, every academy of medicine in the United States, in the Canadas and the South and Central American States, and the Bar associations and legal societies are invited to send delegates to this congress, to be held May 14, 15 and 16, at the Hotel Majestic in the city of New York, and the governors of all the States, Provinces and countries will also be invited to send delegates, so that the whole of both continents of the Western American Hemisphere may be represented in this work.

Those wishing to enroll can send their names to the Secretary, and the enrolling fee of $2.00, which will entitle them to all bulletins of the congress, free.

HENRY D. HOLTON, Pres.
Clark Bell, Secretary.

The Nathan Lewis Hatfield Prize For Original Research in Medicine.

The College of Physicians of Philadelphia announces through its committee that the sum of $500 will be awarded to the author of the best essay in competition for the above prize.

Subject: "The Relation between Chronic Suppurative Processes and Forms of Anaemia."

Essays must be submitted on or before March first, 1903.

Each essay must be typewritten, designed by a motto or device, and accompanied by a sealed envelope bearing the same motto or device and containing the name and address of the author. No envelope shall be opened, except that which accompanies the sucessful essay.

The committee will return the unused essays if reclaimed by their respective writers, or their agents, within one year.

The committeee reserve the right not to make an award if no essay

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submitted is considered worthy of the prize.

The treatment of the subject must, in acordance with the conditions of the Trust, embody original observations or researches or original deductions.

The competition shall be open to members of the medical profession and men of science in the United States.

The original of the successful essay shall become the property of the College of Physicians.

The trustees shall have full control of the publication of the memorial essay. It shall be published in the Transactions of the College, and also, when expedient, as a separate issue.

Address J. C. Wilson, M. D., chairman, College of Physicians, 219 South Thirteenth Street, Philadelphia, Pa.

The Medical Director of the Louisiana Exposition.

The important post of Medical Director of the St. Louis World's Fair has been filled by the appointment of Dr. Leonadis H. Laidley. Dr. Laidley was born at Carmichaels, Pa. He was educated with a view to the medical profession, and entered Cleveland Medical College in 1866. The following year he entered the Jefferson Medical College, at Philadelphia. After graduating in 1868, he practiced medicine with his father and brother, and then went to New York, where he entered Bellevue Hospital Medical College, and took a higher and more thorough course, being graduated with distinction in 1872. Coming to St. Louis the same year, he entered upon a successful career, both as a practitioner and a medical teacher, showing always a decided love for the humanitarian side of his profession. When the Louisiana Purchase Exposition Company was organized he was one of the incorporators.

Washington State Board of Medical Examiners.

The following successfully passed the state board January 7th and 8th, 1902, and received permits to practice:

Wm. McHarrie, Byron L. Stevenson, G. W. H. Moore, Ivan A. Parry, Peter D. McCornack, T. J. Allen, L. W. Clark, C. W. Crompton, W. N. Hunt, J. B. McNerchney, C. S. Bumgarner, L. S. Schreuder, Sam. D. Cameron, Miles A. Silliman, T. H. Holmes, Cora P. Saxe, C. M. Dixon, Ida N. McIntyre, Frank A. Stopp, C. J. Lynch, L. L. Stephens, F. H. Lay, Scott P. Woodin, Jos. E. Harris, W. S. Chenoweth, J. P. Wallender, J. W. Bayley, John J. Finnegan, T. A. Munro, A. T. R. Cunningham, Geo. A. Trip, Jansae Watanabe, Rush Banks, G. N. Mikridates, Mina B. Gault, Thos. D. Sayre, J. M. Taylor, Harry M. Guilford, J. G. Scalan, D. H. Miller, C. T. Cooke, and Ed. H. Belyea.

New Member of Washington Examining Board.

Dr. J. M. P. Chalmers, of Vancouver, Washington, has recently been appointed a member of the State Examing Board of that State, and has promptly entered into the duties of his office.

MEDICAL SOCIETIES

CITY AND COUNTY MEDICAL SOCIETY.

The regular meeting of the City and County Medical Society was held in

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the Dental College, Portland, Oregon, December 4, 1901, the president, Dr. Harry Lane, presiding. Present: Drs. Bell, Binswanger, Brook, Coe, Coffey, H. C. Fenton, Geary, Giesy, Hollister, Jefferson, Jones, A. H. Johnson, E. D. Johnson, Labbe, A. E. Mackay, H. F. Mackay, K. A. J. Mackenzie and Smith. Visitors: Drs. Crockett, Gilbert, Woods-Hutchinson, Marsh and Pettit.

The application of Dr. E. N. Crockett of this city was ready and referred to the board of Councillors for the next meeting. Dr. J. A. Pettit was unanimously elected a member of the society.

Dr. K. A. J. Mackenzie showed specimen consisting of an intestinal tumor obstructing the lumen of the gut, supposed to be malignant in character.

The paper of the evening "Peritoneal Complications in Typhoid Fever," was read by Dr. Wm. Jones. After some general remarks tending to show that fresh details regarding the pathology of enteric fever are always accumulating, and that nearly every tissue and organ can be invaded by the bacillus, the essential lesions existing in peyers patches and the solitary follicles of the mesenteric glands were described in detail. Peritoneal complications arise from perforation of the ulcer, sloughing of lymp glands, and the migration of organisms without perforation. The most common cause of peritoneal complication was due to perforation. This occurs oftener of course in severe cases, but it also happens in the mildest. He also dwelt upon the causes favoring perforation, such as pressure of gas, fecal matter accumulating, straining at stool, etc. The question of symptoms was considered by giving the details of a case, operated upon by him successfully and reported in the "Annals of Surgery" by the writer. He also described the condition revealed by abdominal incision and the circumstances surrounding the case in all its details, operative and post-operative; laying particular emphasis upon the points that operation holds some hope even in apparently desperate cases and that the operation should be as short as possible. Similar measures should be employed in acute obstruction of the bowels. Another case was quoted, illustrating fully minute perforation with corresponding symptoms, which might have been saved, but operation was declined. It was said that perforation may take place as high as the duodenum, and a case illustrating this point was quoted with ante and post-mortem details, perforation of the duodenum occurring at the transverse portion. There was no perforation of the stomach and the general cavity was free from inflammation, but the space between the stomach and the diaphragm, and stomach and gall bladder presented evidence of inflammation. The view, that local peritoneal obstruction can be produced by either the breaking down of mesenteric glands, or the passage of bacilli through the thin wall of the bowel, was supported and the cases clinically regarded as enteric. During convalescence local peritonitis appeared and operation revealed two separate collections of pus in the mesentery and in the coils of the small intestine. The symptoms complex, suggested typhoid. The doctor concluded his paper by referring to the details of a case now under treatment, which appears to have typhoid fever and large mesenteric glands were found after abdominal incision. They did not look like tubercular or malignant growth.

Dr. A. W. Moore opened the discussion. The paper of the evening had pleased him very much. It was beginning to be recognized that prompt surgical interference, in the

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perforation of typhoid fever, offers some encouragement where very little, if any, could be given some years ago. Two of the cases reported by Dr. Jones had been diagnosed by him. The symptoms of course indicated that it could be nothing less than typhoid; and he was also convinced that both of these lives were saved by surgical measures. It was pointed out that the mortality reports in some of the large eastern cities were more than in this section; also that the cases were more severe as a rule. He was also of the opinion that surgical measures in enteric cases were not attended to as they should be, and when they are used the operator often tries to do too much.

Dr. A. C. Smith said, that so far he had had no cases such as reported by Dr. Jones. He also noted that the doctor had made no reference to the anaesthetic used in the surgical treatment of this disease. This was most important considering the desperate situation such cases usually present. For this part, he believed that local anaesthesia supplemented by very well known adjuncts, such as, carbolic acid, etc., were much safer and more in accordance with the interests of the case than general anaesthesia. Thought that Case 3, reported by Dr. Jones, could hardly be regarded as as enteric. He discussed the form and situation of typhoid ulcer and the possibility of mixed infection in the cases referred to.

Dr. J. M. Brooke said that he could not help noting that peritonitis was well illustrated by Case 1, in the doctor's series.

Dr. O. S. Binswanger had nothing to say as to the surgical question of peritonitis. Many years ago had had a fatal case which impressed him very forcibly of the great danger of peritonitis. The patient, a young woman, convalescing, fainted and died.

Dr. J. F. Bell said that as a rule the cases of typhoid fever seen in this section were mild. In regard to Dr. Jones' Case 1, the only question he would like to have answered was the advisability of trying to find the opening in the bowel and close it up; many of the successful operations have been done in this way. Regarding anaesthesia, he did not believe that local anaesthesia could cover the indications in the case.

Dr. J. A. Gilbert gave details of the case of a tramp, who walked for some distance, with a clear case of perforation, previous to his entrance into a hospital. Post-mortem examination revealed a perforation 5-16 of an inch which must have been there during the time he was engaged in walking.

Dr. H. W. Coe said he could not help giving expressions of admiration for the results accomplished by surgeons when recovery appeared almost impossible, and he would congratulate Dr. Jones in being able to report so many cases in such a short period.

Dr. K. A. J. Mackenzie said that he had been observing typhoid fever for years and had operated upon three cases for perforation, but in spite of all that could be done he had no recoveries to record. He believed a great many cases of typhoid die of undetected perforation. He related a case of typhoid fever with enlarged glands, which he removed assisted by Dr. Wells. He thought that Case 3, as reported by Dr. Jones, sounded like one of tuberculous glands or "Tabes Mesenterica." He agreed with Dr. Bell that it was a wise thing to try and close up the bowel.

Dr. Jones, in closing the discussion, gave more minute details of his cases than had been given in his paper. The girl he had operated upon with Dr. Moore would most certainly have died if passage for the pus had not

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been made at that particular time; it was simply this, that opening up the abscess gave her a chance and she got well. Dr. Moore has said that the abscess in Case 3, was adherent, this was not so, it was circumscribed. He understood Dr. Smith to say that cases of perforation were infrequent. This was not so; Dr. Panton had a case, which recovered, not long ago and Dr. G. F. Wilson has one now under course of treatment. He had also expressed doubt regarding the diagnosis of Case 3, as to its being typhoid. The appendical region was not involved at all, nor was the hepatic, nor were there any adhesions. In reply to Dr. K. A. J. Mackenzie that Case 3, might have been Tabes, he said that such a possibility had occured to his mind at the time, but the future history and present condition of the case negatived that view. Regarding the anaesthetic to be used, he did not believe in local anaesthetics for major operations, it was too risky and painful. In Case 1, the appendix was quickly removed because the patient had complained of pain in that region. Drs. Mackenzie and Bell had also wished for a definite reason why the perforation was not the subject of more search. The fact was, that he made a moderate search and stopped because of the condition of the patient.

Dr. A. J. Giesy said that Dr. G. F. Wilson had requested him to state that the patient operated upon for perforation, reported at last meeting and referred to in this discussion, died two weeks after the operation. The cause of death was not due to the operation but complications resulting from it. Dr. Giesy also reported a case of ulserative endoarditis with postmortem details.

After the discussion of some private business the meeting adjourned.

A. D. Mackenzie, M. D.,
Secretary.

Multnomah County Medical Society.

The regular monthly meeting of the Multnomah County Medical Society was held on Tuesday, February 4th, at the Marquam building, Dr. J. T. Walls in the chair.

Dr. L. Victoria Hampton presented a paper on "Diabetes Mellitus." After outlining the etiology, pathology, symptomatology, diagnosis, prognosis and treatment, the doctor cited a case in her own practice. A woman in the third month of pregnancy, very much emaciated, with a cachectic appearance, presented herself for treatment. Upon an examination hypersecretion of urine was found present, highly charged with sugar, passing from two to three gallons in 24 hours, of a very high specific gravity. In connection with the glycosuria gastro intestinal symptoms were present, loss of appetite, constipation, and occasional intestinal colics. The doctor employed daily lavage of the stomach and mild cathartics to correct the constipation, recommending a general diet, not excluding, but rather favoring starchy and saccharine foods, in order to replenish the system for excess of glucose excreted by the kidneys.

After five months' treatment the patient showed marked improvement, the quantity of urine and the percentage of sugar being greatly diminished, and giving promise of a normal case of labor at term.

The discussion brought out many important points on the etiology of the disease, many favoring the opinion that the pancreas was responsible for the disturbance, while others inclined to the theory expressed by Bernard, that the cause of the disease was not in the liver, but probably in a nerve center in the floor of the fourth ventricle, which dominates

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the glycogenic functions of that organ, through fibres descending through the vagus.

Dr. A. Tilzer then read a paper on X-Ray, setting forth the history of the discovery by Roentgen, the perfection and progress since made, and giving practical demonstration on his X-Ray apparatus.

The value of the fluroscope in detecting abnormal motion, or in studying the normal, was plainly shown. Thus the action of the heart was readily observed in motion of its shadow, the same was true of the diaphragm. In touching of the value of the X-Ray in the diagnosis and treatment of disease, the doctor emphasized that never before had medicine and surgery a truer means in diagnosis and treatment. In no other way was it possible to see the fragments of fractured bones before they are set, and then to follow the progress of the case during repair, enlarging upon the surgeon's responsibility in all cases, which, as a rule, are of general interest to the public, and emphasizing the great consequences which have and continue to result from errors in diagnosis. The doctor urged the employment of the X-Ray as the only truthful means at hand.

The society is looking for permanent headquarters, and a committee was appointed to secure a suitable location.

A. TILZER, M. D.,
Secretary.

Eastern Oregon District Medical Society.

The first regular meeting of the Eastern Oregon District Medical Society convened at the Commercial rooms in Pendleton, January 16th, at 10:35 a. m., with Dr. J. L. Miller temporary president and Dr. T. M. Henderson temporary secretary. A hearty welcome was given those present by Hon. T. G. Hailey, mayor of Pendleton.

After the reading of the minutes of the previous meeting the secretary submitted to the society fifty-two applicants for membership.

A committee of five, consisting of Drs. May, of Baker City; Hall, of La Grande; Dittebrandt, of Milton; Tape, of Hot Lake; and Cole, of Pendleton, was appointed by the chair to examine the credentials of the applicants, and act as a board of censors.

A committee was appointed by the chair to present a constitution and by-laws for the adoption of the society. The committee consisted of the following: Drs. Smith, of Pendleton; Curry, of Baker City; Best, of Weston; May and McDaniels, of Baker City.

Dr. R. L. Gillespie, of Portland, presented a very interesting paper on "The Treatment of the Morphine Habit."

Discussion was opened by Dr. J. A. Best, of Weston, and he was followed by several others.

Adjourned for lunch at 12:15 p. m.

Society again convened at 2:10 p. m.

Fifty-two applicants were recommended for membership by the committee.

Committee on constitution and by-laws made a short report, and were continued.

Dr. R. L. Gillespie was elected an honorary member of the society.

The following officers were elected: President, W. J. May, of Baker City; first vice-president, W. G. Cole, of Pendleton; second vice-president, G. W. Tape, of Hot Lake; secretary and treasurer, T. M. Henderson, of Pendleton; executive committee, E. B. McDaniels, of Baker City; M. M. Dittebrandt, of Milton; M. K. Hall, of La

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Grande, and J. A. Best, of Weston.

The board of censors consists of N. Mollitor of La Grande; H. E. Curry, of Baker City, and D. J. McFaul, of Pendleton.

Dr. E. B. McDaniel read a paper on Osteo-myelitis, with a report of a few cases, and presented several specimens of diseased bone that were quite interesting.

Dr. W. G. Cole, of Pendleton, opened the discussion on this paper, and was followed by several others.

Dr. W. G. Cole, of Pendleton, presented a paper on "Caesarean Section, With a Report of Two Successful Operations."

Dr. W. J. May, of Baker City, opened the discussion on this paper, and several others assisted in the same.

Those present at the society meeting January 16, 1902, were: W. G. Cole, C. J. Smith, J. L. Miller, F. W. Vincent, Wm. House, D. J. McFaul, L. J. Perkins, W. R. Campbell, T. M. Henderson, Pendleton; M. M. Dittebrandt, Milton; A. W. Botkin, Athena; R. E. Ringo, J. Griswold, Helix; J. A. Best, Weston; G. W. Tape, Hot Lake; E. B. McDaniel, H. E. Curry, W. J. May, Baker City; M. K. Hall, J. H. Thompson, La Grande; R. L. Gillespie, Portland.

There will be no entrance fee charged, but the annual dues for the present will be $2. This will probably be lower next year, as only enough will be required to meet the actual running expenses.

The next regular meeting will be held at Hot Lake, where a special rate will be made by the railroad company, and a large number are expected to be in attendance. This will occur July 16, 1902.

T. M. HENDERSON, M. D.,
Secretary.

Chehalis County Medical Society.

A meeting of the doctors of Chehalis county was called for the purpose of organizing a county medical society on February 7th, 1902.

The society was organized, called the Chehalis County Medical Society; S. G. W. Overmeyer, president, Aberdeen; Dr. J. William Scamell, secretary, Aberdeen; D. W. B. Wells, vice president, Aberdeen; D. D. A. Schumacher, vice president, Aberdeen; D. Pearson, treasurer, Aberdeen. Next meeting to be held at Hoquian, March 4, 1902.

While attendance was not large, everything was encouraging and we hope to have a live, wideawake county society.

J. WILLIAM SCAMELL,
Secretary.

BOOK REVIEW

Da Costa Clinical Hematology. A Practical Guide to the Examination of the Blood With Reference to Diagnosis. By John C. Da Costa, Jr., M. D., Assistant Demonstrator of Clinical Medicine Jefferson Medical College; Hematologist to the German Hospital, etc. Containing eight full-page colored plates, three charts and 48 other illustrations. Octavo, 450 pages. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1901. Price, $5.00, net.

Without doubt this book is one of the most important which was issued during 1901. More and more is the knowledge upon the subject of the examination of the blood enlarging and becoming of practical value; and to one who has not kept up with this department of diagnosis the work be-

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comes a revelation. This work represents an endeavor to recount the salient facts of hematology, and to correlate these facts with familiar pictures of diseases, and from those to deduct a proper medical and surgical diagnosis. The author does not seek to present the subject of hematology upon the basis of belief that by its use every necessary diagnosis may be made, but insists that without its employment very many important facts in diagnosis are lost sight of. If this work discussed only the question of anaemia it would be worth all that its publishers ask for it, although it is really but a minor portion of the contents of this great work.

The quality of "timeliness," for which the Review of Reviews has made a reputation, was never better exemplified in the pages of a magazine than in the February number of that wide-awake monthly. The subjects treated in the Review are just the ones that the whole country are talking about—the Cuban and Philippine tariffs, the Panama vs. the Nicaragua canal route, the "Raines Law" in New York and the Sunday closing of saloons, the South American boundary disputes, the Venezuelan situation, the approaching visit of Prince Henry of Prussia, and the Schley controversy. These matters are all editorially discussed, but the contributed articles deal with a wide range of topics not less interesting to the reader who cares to follow the day's news with intelligence. Among these are sketches of the new secretary of the treasury, Leslie M. Shaw, of Tomas Estrada Palma, president-elect of the new Cuban republic, and of Dr. Nicholas Murray Butler, who has just been made president of Columbia University, succeeding Mayor Seth Low; an exposition of wireless telegraphy and Marconi's triumph in making it practical; a description of Oklahoma and Indian Territory, which are now knocking at the doors for admission to statehood; an exceptionally thorough study of the Turkish situation in its latest phases by one who was born in that land, and knows its conditions; an exhaustive discussion of the methods proposed for the treatment of anarchism, with original suggestions; an account of the successful attempt of Kansas farmers to escape from the toils of the grain-buyers' trust; and the history of a Wisconsin experiment, which illustrates one phase of the independent telephone movement now assuming so much importance in the Middle West. Other departments of the magazine—cartoons, "Record of Current Events," and "Leading Articles of the Month"—are equally well supplied with fresh and pertinent material bearing on matters of current interest in politics, literature, science and industry.

Saunders Question Compends. Essentials of Physiology. Prepared especially for Students of Medicine; and arranged with questions folllowing each chapter. By Sidney P. Budgett, M. D., Professor of Physiology, Medical Department of Washington University, St. Louis. 16-mo volume of 2333 pages, finely illustrated with many full-page half-tones. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $1.00, net.

This is an entirely new work and a worthy accession to Saunders' excellent series of Question-Compends. It aims to furnish material with which students may lay a broad foundation for later amplification, and serve to aid to an intelligent consul-

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tation of the more elaborate text-book. The subject of Physiology is covered completely, and, the author of the work being a teacher of wide experience, the salient points are particularly emphasized. An important feature is the series of well-selected questions following each chapter, summarizing what has previously been read, and at the same time serving to fix the essential facts in the mind. Nearly all of the illustrations are full-page half-tones, and have been selected with especial thought of the students' needs. In every way the work is all that could be desired as a student's aid.

The Four Epochs of Woman's Life. A Study in Hygiene. By Ann M. Galbraith, M. D., Author of Hygiene and Physical Culture for Women;" Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M. D., Professor of Clinical Medicine, University of Pennsylvania. 12mo of 200 pages. Philadelphia and London: W. B. Saunders & Company, 1901. Cloth, $1.25, net.

Women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern their physical being, and to feel keenly the necessity for instruction in the fundamental principles which underlie the epochs of their lives.

This is pre-eminently the day of preventive medicine. The physician who can prevent the origin of disease is a greater benefactor than he who can lessen the mortality or suffering after the disease has occurred. Any contribution, therefore, to the physical, and hence the mental perfection of women should be welcomed alike by her own sex, by the thoughtful citizen, by the political economist, and by the hygienist.

In this instructive work are stated, in a modest, pleasing and conclusive manner, the truths of which every woman should have a thorough knowledge. Written as it is for the laity, the subject is discussed in clear, comprehensible language, readily grasped even by those unfamiliar with medical subjects. A valuable and commendable feature of this handy volume of instructive information is a comprehensive glossary of those medical terms necessary to a thorough understanding of the subject under discussion. Without a doubt, it is a book that should receive the thoughtful consideration of every woman.

A Manual of Venereal and Sexual Diseases by William A. Hackett, M. B., Ph. G., Professor of Dermatology and Venereal Diseases, Michigan Colllege of Medicine and Surgery, and N. E. Aronstam, M. D., Ph. G., Assisstant in Chemistry and Clinical Dermatology, Michigan College of Medicine and Surgery. G. P. Englehard & Company, Chicago, 1901. Price, $1.00.

This is a very interesting and instructive little volume, as the authors have discarded all theoretical discussions, and have brought together the facts regarding the diagnosis and treatment of the contained diseases. The sexual psychopathies are quite fully considered. It is a neatly bound work, and can be only of the greatest importance to both student and practitioner.

American Edition of Nothnagel's Encyclopedia. Variola, Vaccination, Varicella, Cholera, Erysipelas, Whooping Cough, Hay Fever. Variola (including Vaccination). By Dr. Immermann, of Basle. Varicel-

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la. By Dr. Th. von Jurgensen, of Tubingen. Cholera Asiatic and Cholera Notras. By Dr. C. Liebermeister, of Tubingen. Erysipelas and Erysipeloid. By Dr. R. H. Lenhartz, of Hamburg. Whooping Cough and Hay Fever. By Dr. G. Sticker, of Giessen. Edited, with additions by Sir J. W. Moore, B. A., M. D., F.R.C.P.I., Professor of the Practice of Medicine, Royal College of Surgeons, Ireland. Handsome octavo volume 682 pages, illustrated. Philadelphia and London: W. B. Saunders & Company, 1902. Cloth $5.00 net; Half Morocco, $6.00 net.

The articles included in this volume treat of a number of diseases second to none in importance, whether regarded from the standpoint of Preventive Medicine or as the cause of widespread sickness and death. Although the excellence of the German work and the detailed and comprehensive manner in which the respective authors had dealt with their several subjects had left comparatively little to be added, the editor has not hesitated to amend the text whenever necessary, and has also embodied the results of his personal experience, gained during a varied practice extending over thirty-three years.

One of the most timely articles included in the work is that on Variola, including Vaccination and Variolation. Dr. Immermann's monographs on these subjects, now of vital interest, especially in the United States and Great Britain, have probably never been equaled for circumstances of detail and masterly argument.

The other articles, each by a German specialist of recognized ability, are also skillful expositions of the particular disease under discussion. The entire volume being edited by a specialist of acknowledged ability, the work, it will be seen, has been brought precisely down to date. It is, indeed, a magnificent contribution to the literature of medicine.

American Edition of Nothnagel's Encyclopedia. Typhoid and Typhus Fevers. By Dr. A. Churschmann, of Leipzig. Edited with additions, by William Osler, M. D., Professor of the Principles and Practices of Medicine, Johns Hopkins University. Handsome octavo of 646 pages, illustrated, including a number of valuable temperature charts and two full-page colored plates. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth $5.00 net; Sheep or Half Morocco, $6.00 net.

The original German edition of this volume is universally recognized as the standard authority on the subjects of which it treats. The American edition, however, even surpasses the German, for, besides containing all the material of the original, extensive additions have been made to almost every chapter, thus incorporating into the work the very latest views on the subject under discussion.

The chapter on Bacteriology has been thoroughly revised and much new material added, giving prominent consideration to the distribution of the typhoid bacilli, especially in the urine, the rose-spots and the blood.

To the chapter on Pathology many minor additions have been made, incorporating the important work of Mallory. The literature on the localized lesions, due to the bacillus, has been carefully reviewed and made to conform to the most recent advances in that part of the subject. Thayer's exhaustive study of the state of the blood has been utilized, and the Surgical Aspects of Typhoid Fe-

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ver have been fully revised with the aid of Keen's monograph.

Much valuable material has been added to the chapter on Diagnosis by Bacteriological Methods, particularly with reference to the recent work in blood-cultures, and on the detection of bacilli in the urine.

The chapter on Perforation and Peritonitis has been practically rewritten, as has also the section on the Hepatic Complications of Typhoid.

Thus it will be seen that the American edition of this valuable work, while still possessing all the commendable qualities of the original German, is greatly enhanced in its field of usefulness by being brought strictly abreast of the latest literature on the subjects, and by representatitive specialists.

Saunders' Medical Hand Atlas. Atlas and Principles of Bacteriology and Text-Book of Special Bacteriology. Diagnosis by Prof. Dr. K. B. Lehmann, Director of the Hygienic Institute in Wurzmurg, and R. O. Neuman, Dr. Phil. and Med., Assistant in the Hygienic Institute in Wurzmurg. Authorized translations from the Second Enlarged and Revised German Edition. Edited by George H. Weaver, M. D., Assistant Professsor of Pathology, Rush Medical College, Chicago. Part II—Text. W. B. Saunders & Company. Philadelphia and London.

This, the second edition, has been rendered necessary on account of the rapid sale of the first, and this fact alone is sufficient to demonstrate the exceeding value of the work and its adaptation to the wants of the profession.

The first part of the work is devoted to general bacteriology, including the morphology, chemical composition, conditions of life, spore formation, pathogenesis, etc., of bacteria. Part two deals with specific bacteria, taking up first the different classes of bacteria and then a minute description of the different forms under each class. The staining properties, peculiarities of growth, methods of cultivation, etc., are fully considered. It is a most valuable work.

The Practical Medicine Series of Year Book, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued Monthly, Under the General Editorial charge of Gustavus P. Head, M. D., Professor of Larnygology and Rhinology, Chicago Post Graduate Medical School. Vol. II. General Surgery. Edited by John B. Murphy, M. D., Professor of Surgery Northwestern University Medical School. November, 1901. Price $2.00. The Year Book Publishers, 40 Dearborn Street, Chicago, Ill.

This interesting volume contains a review of the recent advances in surgery that has appeared in the current literature of the past year. The scope of the work is enormous, and the manner in which it has been dealt with reflects great credit on the editor. Among many other articles we note those on anesthesia, operative technique, infectious diseases, diseases of the vascular system, nerves, brain, respiratory organs, intestinal canal, hernia, abdominal organs, and of the genito-urinary tract. Under each is given an epitome of the advances that have been made, as culled from the best current literature.

The Practical Medicine Series of Years Books, comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued

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Monthly. Under the General Editorial Charge of Gustavus P. Head, M. D., Professor of Larynology and Rhinology Chicago Post-Graduate Medical School. Vol. I. General Medicine, Edited by Frank Billings, M. S., M. D., Head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago. With the Collaboration of S. C. Stanton, M. D., October, 1901. Price $1.50. The Year Book Publishers, 40 Dearborn Street, Chicago, Ill.

This volume is one of a series of ten issued at monthly intervals, and covers the entire field of medicine and surgery. The volumes on general medicine are issued in October and May each year. This volume on general medicine treats of the diseases of the respiratory tract, rheumatism, cardio-vascular diseases, diphtheria, influenza, meningitis, pneumonia, smallpox, the plague, tuberculosis, nephritis and cystitis.

The work is not intended as a text-book, but contains a review of the literature that has appeared on each subject during the past year. It is very thorough and complete, and serves to give the reader a rapid survey of the medical progress of the year.

The Practical Medicine Series of Year Books, Comprising Ten Volumes on the Year's Progress in Medicine and Surgery. Issued Monthly. Under the Editorial Charge of Gustavus P. Head, M. D., Professor of Larynology and Rhinology Chicago Post-Graduate School. Vol. III. The Eye, Ear, Nose and the Throat. Edited by Casey M. Wood, C. M., M. D. Albert H. Andrews, M. D., T. Melville Hardie, A. M., M. D., December, 1901. Price $1.50. The Year Book Publishers, 40 Dearborn Street, Chicago, Ill.

This volume contains not only subjects which interest the specialist, but which are of universal interest to the general practitioner, in that its contents are so arranged as to give him a general survey of the entire subject. He who does a general practice cannot allow himself to become totally ignorant of the advances along special lines, as they are found to bear more directly on general practice as the nature of special diseases becomes more clearly known. The recognition of a defect in some of the organs, usually relegated entirely to the specialist, may save the practitioner a world of trouble. There is no work that is so nicely adjusted to his needs as is this.

Lea's Series of Pocket Text-Books. Venereal Diseases. A Manual for Students and Practitioners, by James R. Hayden, M. D., Chief of Clinic and Instructor in Veneral and Genito-Urinary Diseases at the College of Physicians and Surgeons (Columbia University), New York. Third Revised Edition. Illustrated with 66 engravings. Lea Brothers & Co. Philadelphia and New York.

This is the best work on gonorrhoea, chancroids and syphillis for the student that we have seen, since the author treats the subject in such a terse, scientific manner. It practically covers every phase of these diseases, differing from larger works mainly in the elimination of useless theorizing, and, of course, extensive historical data. The student or practitioner who thoroughly masters this little volume, has a practical store of genito-urinary knowledge sufficient for all his needs.

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Progressive Medicine, Vol. IV., 1901. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 400 pages, 13 illustrations. Per annum in four cloth-bound volumes, $10.00. Lea Brothers & Co., Philadelphia and New York.

This number contains a great many subjects of especial interest to those keeping abreast with the most advanced thinkers in medical progress, and presents a bird's eye view of the subject in a most thorough manner.

Dr. Einhorn deals with the medical and surgical treatment of diseases of the oesopnagus, stomach, liver, pancreas and peritoneum. The surgical aspect of hepatic disorders is especially full and explicit, and a great deal is said about appendicitis and its treatment.

Dr. Belfield discusses more especially gonorrhoeal and tubercular diseases of the genito-urinary tract.

Dr. Bloodgood's article is on anaesthesia, fractures, dislocations, amputations, surgery of the extremities and orthopedics. Lumbar puncture is fully considered, both as a diagnostic and therapeutic measure. The importance of a blood examination in surgical cases is also emphasized.

Diseases of the kidneys, including oxaluria, functional albumenuria, albumosuria, nephritis of pregnancy, etc., are fully discussed by Dr. John Rose Bradford.

The chapter on physiology, by Dr. Brubaker, is very interesting, including articles on metabolism, the absorption of fats, the circulatory apparatus, the glandular system, and the therapeutics of the glandular extracts.

Dr. Baker, under hygiene, treats very fully of bovine and human tuberculosis, spread of yellow fever, bacterial treatment of sewage, etc.

Dr. Thornton, under practical therapeutic referendum, considers thoroughly new remedies, and the newer application of old ones.

It is, if anything, a more interesting volume than its predecessors.

International Clinics, a Quarterly of Clinical Lectures and Especially Prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Nose and Throat, and Other Topics of Interest to the Student and Practitioners, by Leading Members of the Medical Profession Throughotu the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D.: Alexander D. Blackader, M. D.; H. C. Wood, M. D.; T. M. Botch, M. D.; E. Landlot, M. D.; J. W. Ballantyne, M. D., and John Harold, M. D. With Regular Corespondents in Montreal, London, Paris, Leipsic and Vienna. Volume IV. Eleventh Series, 1902. Price $2.00.

This volume contains 107 illustrations, tables on infant feeding from one week to three years, and contributions from no less than thirty-six authors, the majority of whom are widely-known American teachers. With such an array of facts before us it is needless to add that the International Clinics for 1902, not only comes up to its previous high standard, but surpasses all previous editions.

Under therapeutics we notice, among others, an article on strychnine, by Dr. Jacobi, one on the treat-

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ment of muco-membraneous colitis by Mathieu, and one on the pathogenesis and prophaylaxis of varicose veins by Professor Delnet.

Among the interesting articles in medicine is the one by Walsh, "Winged Insects and Their Larvae as Parasites of Man." Also "The Prognosis in Chronic Valvular Diseases of the Heart," by Bruce.

"Types of Hemiplegia," by Walters, and "The Etiology and Treatment of Acute Myelitis," by Marinesco, are among the interesting articles in neurology.

Surgery covers a wide field, and many interesting subjects are discussed. Among these, "Prostatic Hypertrophy," by Chetwood, "Movable Kidney," by Lydston, and a series of "Clinical Cases," by Senn are especially valuable.

Taylor on Pediatrics and Gottheid on Dermatology, furnish valuable articles.

A special article on "Methods of keeping case records in Private Practice," by Packard,, Griffith, Daland, Mitchell, Musser and Packard should be read by every physician.

The general make-up of the volume reflects great credit to both the editor and publisher, and the extremely low price places it easily in the hands of every one.

A Reference Hand-Book of the Medical Sciences. By Various Writers. Edited by Albert H. Buck, M. D. Volume III. Illustrated, Half-Tones and Wood Engravings. New York: Wm. Wood & Co., 1901.

The present is the third volume of this great work, and it is a work so great as scarcely to admit of commendation in detail. We notice, in comparing it with the last edition, that a large number of new cuts have been added and that the text in many portions has been entirely rewritten. The work on electricity in this volume has been brought up to date, and although not covering a large amount of space, covers it in a manner to make it of great value, and by reading it one already having even a large general knowledge of the subject may have his information on electrotherapeutics pretty well brought down to date, after a half hours reading. The Reference Hand-Book of the Medical Sciences has become as necessary to the surgeon of today as any series which has ever been presented and we are glad that Messrs. Wood & Co. are giving to physicians the opportunity to replace their older editions by new ones, and that the younger generation of physicians can also purchase this work in its new form editions outright.

Physiologic Therapeutics. By Solomon Solis Cohen, A. M., M. D., Professor of Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College, etc. Volume III,Climatology, Health Resorts, Mineral Springs. By F. Parkes Weber, M. A., M. D., F. R. C. P. London, with the Collaboration for America of Guy Hinsdale, A. M., M. D., Secretary of the American Climatological Association, etc., in Two Books. Illustrated with Maps. Philadelphia: P. Blakiston's Son & Co., 1901.

Although the writer of these two volumes, three and four, which are issued at the same time, has attempted to make the work as concise as possible, it was found necessary to publish the division under Health Resorts and Mineral Springs in the two books, which are now before us. These portions of this classical system on Physiologic Therapeutics are

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necessarily not ones for general reading, but are superior to anything which has ever been presented as reference volumes for those seeking to determine on climate for any particular patient at any given time under treatment, for whom the question of climatology is being discussed. In the mere statement that nearly 40 pages of extremely fine print is taken up as an index in which the names of all the localities described are alphabetically arranged, the minuteness in detail and the completeness of the work becomes immediately manifest. These two volumes are in line with the dedication of the whole system, which was and is a practical exposition of the methods other than drug giving useful in the treatment of disease.

The Principles and Practice of Medicine. By Wm. Osler, M. D. Fellow of the Royal College of Physicians, London; Professor of Medicine, Johns Hopkins University, etc. Fourth Edition, Revised and Enlarged. Cloth, $5.50; Sheep, $6.50; Half Morocco, $7.00. D. Appleton & Co., New York, 1901.

The present volume has had many important changes made over its immediate predecessor. The article on typhoid fever having been rewritten and brought up to date by additional experience gained in the clinic of Dr. Osler. The chapters on malaria and plague and other departments have been entirely rewritten. Much matter in the present edition not found in former ones is of special value to doctors upon this coast, on account of its reference to diseases found in our Pacific Coast possessions. Acute tuberculosis, splenic anaemia, pneumonia, bronchitis, surgical treatment of aneurism and scurvy come in for entirely new matter. This book has been before the profession too long and has been accepted with too great an unanimity to need special commendation, and we can only say that the present volume is in many respects better than the one which preceded it.

An International System of Electro-Therapeutics. For Students, General Practitioners and Specialists. By Numerous Associated Authors. Edited by Horatio R. Bigelow, M. D., Permanent Member of the American Medical Association; Fellow of the British Gynaecological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Societe Francaise d'Electro-Therapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gynaecological Electro-Therapeutics," and "Familiar Talks on Electricity and Batteries." Second Edition. Revised and brought up to date, with several New Departments embodying the Most Recent Developments of the Science. Edited by G. Betton Massey, M. D., Ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medal Association; Author of "Conservative Gynecology and Electro-Therapeutics," etc. Thoroughly illustrated. Royal octavo. Pages x-1147. Prices, net, delivered, Extra Cloth, $6.00; Sheep, $7.00; Half-Russia, $7.50. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Electricity in the treatment of diseases has grown from a fancy, twenty years ago, to a systematic science today, as an evidence of which we have colleges, medical journals, and extensive clinics carried on exclusively for the study and application of electricity for the cure of diseases, both

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medical and surgical. Another evidence much to the point upon this subject is the number of publications upon electricity, and the present volume of more than 1,000 pages, the second edition of which is now presented to the profession, is superlatively an evidence of the extremely scientific character of the science of elcctro-therapeutics. The following sections are found in the book: diseases, electro-physics and electro-physiology, gynecology and obstetrical disorders of the abdominal thoracic viscera, diseases of children and electro-surgery. More than forty prominent writers have prepared the matter under sub-divisions, which makes this book the greatest of its kind which is published.

A Practical Treatise on Diseases of the Skin. By John V. Shoemaker, M. D., LL.D. Professor of Skin and Venereal Diseases in the Hospital of Philadelphia, etc. Fourth Edition, Revised and Enlarged, with Plates and Other Illustrations. New York: D. Appleton & Co., 1901.

It goes without saying that naming the title of this book and its author is an evidence that the contents is not only thoroughly up to date, but also that upon ordinarily a very dry subject, the subject matter makes very interesting reading. The book is too well known to require a review in detail, although we specially feel like commending the section containing prescriptions for the various disorders of the skin representing a very large field of personal observation upon the part of Dr. Shoemaker, and also the favorite prescriptions of many of his collaborators in the same department. The influence of parasites have been given special attention in the present volume, which, in view of the advanced knowledge in this department, makes the work worthy of special commendation.

Chiaie Teeth.

J. M. Eager, U. S. M. Hospital surgeon at Naples, reports (Public Health Reports) upon an unusual disease of the teeth found in certain localities in Italy, and ascribed to volcanic or subterranean fumes or gases, which may be inhaled or from solutions used in the water used for drinking purposes. The disease was first described by Prof. Stefano Chiaie, of Naples, and bears his name. It is common in and around this city. The people of Puzzuoli, a town of 16,000 inhabitants, situated five miles from Naples, are marked off from the people of neighboring places by their distinguishing characteristic of black teeth (denti neri), apparently strong and serviceable, but devoid of enamel and hideously dark. The environs of Pozzuoli are everywhere volcanic. Close at hand is the Solfatara, a half-extinct crater full of cracks, from which gasses are constantly issuing. Some of the inhabitants of Pozzuoli drink the water of springs, a water necessarily charged under pressure with volcanic fumes; all of them are constantly living in an atmosphere filled with noisome gases. The theory most generally received in Italy is that these gases have a selectively hurtful effect on enamel formation in early childhood, but that the growth of the other dental tissues is not interfered with. When the cause is active during the entire period of second dentition, the tooth is bereft of enamel and becomes perfectly black. If the growing teeth are exposed for but a short time at the commencement of their formation, only the cutting edge of the upper incisors may be affected, and the appearance, when the

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teeth are matured, is as if they had been browned by tobacco smoke, in the same way that a meerschaum pipe is colored by smoking. Some times the teeth have the repulsive look of fever patient's teeth when smeared with sordes, except where covered by the half-parted lips. Among the better class of Italians living inland, it is the custom to go to the seashore in summer. Naples has always been a popular resort, and as a result of the temporary exposure of children brought with their parents to Naples at the time when Serino water was not used, it is frequent to see among well-to-do people an otherwise handsome face, marred by a line of fine black markings crossing the incisor teeth in a horizontal direction. This fault of development is known among the Naepolitans as "denti scritti," or writing on the teeth. The marking when present on finely formed, white teeth, resembles the diminutive lettering which is sometimes done on seashells for purposes of ornamentation.—Medical Standard.

Gastric Lavage in Constipation.

In Berliner Klinische Wochenschrift. Oswald Zeimssen says that the daily use of the stomach tube with lavage is a valuable stimulant to peristalsis, and an efficient means for curing chronic constipation. He introduces the tube in the morning on an empty stomach and pours from one-half to one liter of Wiesbaden-Kochbrunnen water into the stomach, and immediately removes the fluid by depressing the tube. This procedure is repeated fifteen or twenty times. He believes that the rapid filling and emptying the stomach acts as a sort of gymnastics to the musculature of that organ and that the effect spreads to the entire intestinal tract. Benefit has also been obtained in other diseases of the stomach, in chronic dyspepsia, atony, dilatation, hyperacidity, neuroses, gastric ulcer with hemorrhage, and in diverticulums and other changes in the form of the stomach. He has never had a bad result in gastric ulcer from the passing of the stomach tube, but advises that novices abstain from the practice.—Philadelphia Med. Jour.

Exclusive Soup Diet and Rectal Irrigation in Typhoid Fever.

Under the above head Dr. Seibert (Arch. of Ped.) discusses his treatment of typhoid fever. In the first place, all remnants of food are promptly removed from the alimentary canal and only such diet permitted to come in contact with the infected surface of the intestine as will offer the least culture media for the typhoid bacillus and its neighbors, and systematically irrigating the rectum during the entire course of the disease. If the buttocks of the patient are elevated on the bed-pan, the water flowing gently from the fountain syringe hanging about three feet above the bed, the lower colon is sufficiently dilated to dilute and carry off the accumulated feces. Dr. Seibert eliminates milk from his food, because he thinks it is a better culture media for bacteria than soups. It is true that typhoid bacillus will readily grow in soup, but the food is so quickly absorbed that in comparison with milk curds it cannot aid their sustenance long enough to injure the patient. In the first twenty hours after the purge plain cold water is generally sufficient. Their soups made of meat broths containing oatmeal, barley, rice and peas, strained and well seasoned with salt and pepper; after another two days, lentil soup, and the yolk of one egg added to the oatmeal, rice and barley soup so as to al-

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low an adult one-half of a pint of two kinds of soup alternately every three hours, and smaller quantities to children, according to age. Five meals given during the day, at night only fresh cold water, ad libitum, as well as during the day between meals. Five to 15 drops of dilute hydrochloric acid are given before each meal. No other medication was employed. Occasionally strong black sugared tea was used as a stimulant. Dr. Seibert claims to have followed this treatment in St. Francis' Hospital since 1899 with satisfactory results.—Med. Times.

Cervical Metritis.

R. Tinct. iod., p. æ.
Glycerin neutral), p. æ.

M. Sig.—Apply every day, then every third and finally once a week. At the same time inject daily for ten or fifteen days with:

R. Iodi bi-sublimat, cgm. 0.50.
Potass, iodidi, gfm. 10.
Aq. bull., grm. 1,000.

—Cariere, Md. Rev.

The Treatment of Tuberculous By Feeding.

Samuel Bernheim holds that mere stuffing of tuberculous patients is not wise treatment. They must be treated individually, and the dyspepsia so frequently accompanying the disease must be taken into consideration. Nitrogenous food has the property of repairing tissues, and is therefore valuable. Meat, especially beef and mutton, is to be recommended. It should not be highly seasoned, for tuberculous patients easily tire of condiments, which are also injurious to the digestive powers. It should be given raw. The experiments of Richet and Hericourt show that dogs, rendered tuberculous, die at about the fortieth day if they are not fed on raw meat; whereas, if this constitute their entire diet, they live about 240 days. Clinical facts bear out these experimental researches. Raw meat contains many toxic principles, animal alkaloids, ptomains, albumins, and extractives, which very probably possess an antitoxic property in regard to the bacillus and its toxins, or they may act merely as antidotes. Whatever the method of action, the practical conclusion is to feed consumptives on raw meat.—L'Union Medicale du Canada.

Beriberi and the Heart.

Arthur Stanley concludes that this disease has a marked degenerative action on the heart muscle, which frequently causes fatal circulatory failure, in this respect resembling other toxemic diseases, such as diphtheria, influenza, alcohol, and arsenic poisoning, which othen couse peripheral neuritis; and toxemic diseases, such as typhoid fever, plague, and acute rheumatism, which do not, or rarely, give rise to peripheral neuritis. Beriberi and diphtheria are the diesases par evcellence in which sudden heart-failure occurs. The heart-muscle degeneration is not a secondary result of neuritis of the vagus. It takes place, as a rule, before skeletal-muscle degeneration, and is probably the result of direct action of the toxin. Sudden heart-failure does not indicate a sudden lesion, but is the result of a gradually increasing heart-weakness from myocardic degeneration, which may be precipitated by any sudden exertion, but more frequently is the result of the principle of "all or nothing"—the transition from "all" to nathing necessarily rapid. The cardiac physical signs in beriberi closely resemble those found in diphtheria, and are of paramount importance in prognosis and treatment.—The Journal of Tropical Medicine.

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PERSONALS.

Dr. N. Kieruiff, of Seattle, recently visited Portland.

Dr. D. Y. K. Deering, of Union, was in Portland recently.

Drs. Shaw, of Fossil, Oregon, were recently in the city.

Dr. F. W. Vincent, of Pendleton, was in Portland recently.

Dr. J. P. Tamiesie, of Hillsboro, Or., was in Portland recently.

Dr. Wm. Kuykendall, of Eugene, was in Portland recently.

Dr. Durant, of Marysville, has located at Everett, Washington.

Dr. J. L. Conant, of Genesee, was a recent visitor to Lewiston, Idaho.

Dr. Dumon, of Centralia, Washington, was a recent Portland visitor.

Dr. J. P. Hull, formerly of Woodbridge, Calif., has removed to Lodi.

Dr. W. H. Strickler, of Ketchican, has located at Douglas City, Alaska.

Dr. L. T. Brock, of Sumpter, was a recent visitor to Baker City, Oregon.

Dr. H. T. Emels, formerly of Salt Lake, Utah, has located in San Francisco.

Dr. G. W. Tape, of Hot Lake, Ore., recently spent a few days in Portland.

..Dr. C. E. McCoy, recently of Belgrade, Mont., has removed to Butte, Mont.

Dr. M. R. Peck, recently of Colville, Wash., has removed to Everett, Wash.

Dr. C. A. Ballard, formerly of Bismarck, N. D., has located at Salem, Oregon.

Dr. F. H. Coffeen, formerly of Carlton, Oregon, has located at Ashwood, Oregon.

Dr. A. J. Craig, formerly of Demming, has located in Sumas, Washington.

Dr. J. C. Moore, formerly of Lemoore, Calif., has removed to Seattle, Wash.

Dr. D. A. Schumacher, formerly of Wisconsin, has located in Aberdeen, Washington.

Dr. B. L. Pampel, of Livingston, Montana, is taking a post-graduate course in Chicago.

Dr. R. Roswell Hubbard, of Seattle, is to soon leave for Alaska, to be gone some months.

Dr. D. J. Donohue, of Glendive, Montana, was recently doing professional work in Sydney.

Dr. I. L. Ward, of Yreka, California, was seriously stabbed for asking a patient to settle a bill.

Dr. Clarke-Bennett has returned from her visit, and resumed her practice in Grangeville, Idaho.

Dr. Newcombe, of Revelstoke, B. C., has been appointed government resident physician at Lone Lake.

Dr. N. D. Asdell, of Paisley, Oregon, will take charge of the practice of Dr. Demorest, of Lakeview, Oregon.

Dr. N. G. Blalock, of Walla Walla, has been elected president of the Northwestern Fruit Growers' Association.

Dr. G. A. Pogue, of Ontario, Oregon, has just returned from a few months' post-graduate tour in the East.

Dr. S. G. Binger, of Loomis, Washington, has formed a copartnership

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with Dr. C. P. House, of Orville, Washington.

Dr. Wells, who has been ill for some time, is again able to take up his profession, at North Yakima, Washington.

Dr. C. P. Gammon, formerly of Pomeroy, Wash., located some time ago at Walla Wallla, where he is doing very well.

Dr. G. E. Barker, of Bonner's Ferry, Idaho, has been appointed hospital surgeon for the Continental Mining Company.

Dr. Whiteside, of Pe Ell, Washington, was recently in Chehalis, attending a meeting of the county board of pension examiners.

Dr. Frank Nagel, of Ann Arbor, Michigan, is temporarily associated with Dr. R. N. Gordon, of North Yakima, Washington.

Dr. W. James Howells, of Spokane, will succeed Dr. J. M. McLean, as superintendent of the insane asylum at Medical Lake, Washington.

Dr. Walkem, of Nanaimo, B. C., has been appointed Dominion quarantine medical officer at Kykert, a port at the foot of Koootenay Lake.

Dr. Hawkey has been appointed medical superintendent in charge of the Kootenay Lake General Hospital, in place of Dr. Doherty, resigned.

Dr. J. H. Thompson, late of Pittsburg, Penn., has located in Weston, Oregon. Dr. Thompson is a graduate of the University of Pennsylvania.

Dr. C. V. Norcross, of Butte, Montana, while driving his spirited trotter, was thrown from the buggy, receiving severe injuries about the head.

Dr. M. Pietrzyski, who has been visiting friends and relatives in Austria, has returned to Dayton, Washington, after several months' absence.

Dr. H. Josephine Whitney has now full control of the Davenport Drug Co., C. A. Neyland having disposed of his half interest to her son, D. F. Wright.

Dr. Nathaniel Ostrander, one of the best known pioneer physicians of the Northwest, died at his home in Olympia, Washington, at the age of eighty-three.

Dr. J. F. Guiette, formely of Condon, has taken charge of the practice of Dr. H. J. Littlefield, of Newburg, Ore., who has gone to Arizona to recover his health.

Dr. J. H. Bartley, of Puyallup, has formed a partnership with Dr. Mohrmann, and the firm will hereafter be known as Mohrmann & Bartley. Dr. Bartley comes well recommended.

Dr. Frank W. Nagler has joined Dr. R. N. Gordon in the practice of medicine in North Yakima, Washington. He came from Aberdeen, and will be permanently located in North Yakima.

Dr. Lawton, formerly of Kansas, who has been located at Joseph, Oregon, has sent for his family to join him in their new home. The doctor expects, in the near future, to establish a sanitarium at Joseph.

Dr. A. H. Coleman, of Tacoma, was a recent visitor in Portland, in connection with a medical case. Dr. Coleman is one of the men in medicine in the Northwest who does a lot of work, yet never seems in a hurry.

Dr. Lewellyn, of Victoria, B. C., was married January 15th, to Miss Elsie Gordon, of Vancouver, B. C.

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Miss Gordon was, until recently, head nurse of the Jubilee Hospital. They left for England to spend their honeymoon.

Dr. L. P. McCalla, of Boise, Idaho, has gone East to take a post-graduatet course at Johns Hopkins, after which he will spend some time in Philadelphia, New York and Boston. Dr. Ed. E. Maxey will have charge of his practice during his absence.

Dr. Frank J. Lemmon and Miss Anita Lesh, of North Yakima, Washington, were married quietly on the evening of February 3d, at the residence of Mr. D. E. Lesh, of Nob Hill. The doctor and his bride left for Elk Creek, California, where he will resume his practice.

Dr. Hannington, of Victoria, B. C., while driving, collided with another vehicle. He was thrown from his buggy, sustaining a general shaking up, and several fractured ribs. He is doing as well as can be expected, but it will be some time before he will be able to resume professional duties.

Dr. I. H. Moore is now the surgeon in charge of the hospitals in Juneau and Douglas for the mines known as the Treadwell group. He resigned his position as chief surgeon of the White Pass railroad to accept this position, which is a larger field. Dr. W. S. Cameron, a graduate of McGill University succeeds him.

Dr. H. J. Whitney, of Davenport, Wash., and Dr. G. T. H. Moore, a late arrival from Independence, Mo., have entered into partnership for the practice of medicine. Dr. Whitney and his wife, Dr. H. Josephine Whitney, will spend the fall and winter of 1902-3 in New York, Philadelphia, Baltimore, and San Francisco, taking a long-needed rest, and attending postgraduate work and clinics.

Dr. Wm. H. Skene, of New York, (nephew of the late Dr. A. J. Skene), who came out here about two years ago, remaining for some time, and then going back to New York, has once more returned to Portland, where he expects to locate permanently. Dr. Skene is well-known in this city, and will be quite an addition to Portland's professional brethren.

Dr. J. A. Reuter, formerly of Portland, has just taken up his residence at The Dalles, Oregon, entering into partnership with Dr. E. E. Ferguson, having also acquired an interest in The Dalles Hospital. Dr. Reuter graduated from Rush Medical College in 1897, was interne at St. Vincent's Hospital, Portland, and took a year's post-graduate work in Vienna before opening up his office in Portland.

Dr. Henry Douglas Kline died in the Seattle general hospital, after a few days' illness from a violent attack of pneumonia. Dr. Kline was one of the best known physicians of Seattle, and a very popular man. Drs. Ford, Sharpless, Raymond and Eagleson were in almost constant attendance at his bedside from the first, as he was even then considered critically ill. He leaves a wife and two sons to mourn his loss, besides a host of warm friends.

The many friends of Dr. Wylie G. Woodruff, who has been ill with typhoid fever at the North Pacific Sanitorium, will be glad to learn that he has fully recovered, and resumed practice at his office in the Marquam.

Among prominent republican politicians who were in the city yesterday for the purpose of attending the meeting of the first district congressional committee were Dr. T. W. Harris, of Eugene, and State Senator W. Tyler Smith, of Sheridan.

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MEDICAL SENTINEL

VOL. X APRIL, 1902 NO. 4

ORIGINAL ARTICLES

Insanity and Crime

By W. T. Williamson, M. D.,
Salem, Oregon.

Read before the Oregon State Medical Society, at Portland, Oregon.

If, as appears to be authentically established, there is not only an absolute, but also a relative, increase of crime in civilized countries, it must surely not be left to the unaided investigation of the politician, the sociologist and the philanthropist to determine the causes. What are the causes? Are the defects in our penal system responsible in any degree for this increase; or is it the inseparable and legitimate result of an increasing civilization? Of the protean forms and types of crime, do they present for our thought and recognition, a medical aspect? Does the established fact that psychic or physical disease is commonly present in the class whom we might term chronic criminals, place a serious and undivided responsibility upon the medical profession? Does it not suggest to us that there may be a difference in degree only as to the conditions prompting or permitting crimes of all grades and magnitude?

Man is a composite creature, made up principally of his intellectual, his moral and his physical parts, and there is measurably an interpendence existing among all of these. It matters not, in the question with which we are now concerned, whether we adopt the materialistic theory that mind is the product and creature of special physical functions; or whether we accept it as a certain metaphysical entity which operates through the physical organization as a medium or instrument; for in either instance the responsibility to the medical man is just the same. Of the portions of the human structure that co-operate with mind in placing the individual in contact with life and its evidences, the brain and its nervous extensions are undoubtedly chief.

Without entering into the burdensome details leading up to it, it will probably be conceded by all present that the higher the type of civilization, the greater and more numerous are the normal variations in the brain, in size, conformation and function. In the ruder and harsher environments, sternly demanding the survival of only the fittest, there was necessarily an approximate uniformity in the human brain. Later, however, from the division of labor incident to highly-civilized community life, these

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normal variations are encouraged, and we find the largest and the smallest brains equally conducting the battle of life, in their greater or lesser spheres of occupation. The community labor, with its minute subdivisons, maintains a softened environment which not only tolerates, but actually encourages, the existence of the weak and the narrow minds. It is a psychological fact that there are many persons working in various departments of labor today, who are grossly defective mentally, who persist and exist unchallenged because not called to act outside a limited groove or sphere. Such persons could not have lived in times of savagery, because lacking in variety and quality of power. It certainly appears, therefore, that brain makes civilization, and not civilization that makes brain, as Woodruff so lucidly points out.

Similarly it will be conceded that the humanitarian tendency of modern civilization is to preserve the capacity and prolong the life of those afflicted with bodily disease. Scientific discoveries, cheap comforts and luxuries, improved medical skill and nursing, with organized charities both public and private, all tend in their good work to sustain and prolong the existence of the impaired and afflicted body.

And, again, incidental to the noble work of benefitting and uplifting mankind, the occupants of the lowest moral strata in society are trained and preserved as far as possible. They are brought into the light of criminal sociology only that they may be improved and elevated through reformatory methods. Instead of elimination and removal, the children of the degenerate, or the morally attenuated, receive nourishment and education. This grand and commendable labor is often not successful in its immediate purpose, thus tending rather to transmission than extinction.

These brief touches of the salient points of this profound question, permit the suggestion that an inherent tendency in civilization is to cultivate and sustain moral, intellectual and physical incompetency, because of its commendable effort to improve. Nature's law in the animal creation appears to ordain that the most highly and the least developed of a species shall most readily become extinct, which is simply repudiation of variation. Civilization steps in to save these, and, thus preserved, the inexorable demands of heredity cause to be stamped upon the offspring, the impress of defective ancestral tendencies; and thus we find familiar features of the stigmata of degeneration which otherwise could not be perpetuated to the second generation, such as badly-formed, angular heads; asymmetry of head or face or ears; deafness or blindness; cleft palate; hare-lip; stammering; impaired speech organs; spinal deformities.

Passing over other features, our consideration will be confined to crime, and responsibility for it. Responsibility for mental, moral or physical disease is often complex and remote, and may extend backward through many generations. There are cases where we should no more blame the criminal for moral disfigurement, than the idiot for intellectual degeneration, or the hunch-back for physical blemish. It has been beautifully suggested in this connection that in this we "perceive a rational basis for charity" in life. If a person is not responsible for the commission of a

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crime, he certainly should not be punished, whether the offender be a child, an idiot, a victim of moral paresis, or insane. The association of crime with marked physical or mental disease is so frequent, as to be other than a mere coincidence.

To illustrate: Assisted by Dr. Griffith of the asylum staff, and Dr. W. Carlton Smith of Turner, examinations were made at the penitentiary, the reform school, and the insane asylum, for the ratio of persons there restrained who gave evidence of the stigmata of degeneration. The cases in no instance were selected, and hence may be regarded as probably a fair type of the whole number. It will be noted that in this table no record is kept of defective cranium measurements, which otherwise would have increased the percentage. The figures are very significant in this connection.

STIGMATA OF DEGENERATION

	Asymmetry Head, Face, Eyes and Ears.	Deafness	Ears	Jaws or Teeth	Iris	Spine	Uvula	Palate	Hands or Feet	Cleft Palate	Nose	Chin	Speech
Prison ..63	17	3	7	10	2		3	2					
Asylum ..70	33		11	9	..	1		4	1	1	1		
Reform School .52	12	1	6	5		3	1	5	1			2	2

PERCENTAGE WITH STIGMATA

Prison Examined...63	With Stigmata..36	Per Cent. with Stigmata..57
Reform School Ex. 52	With Stigmata..48	Per Cent. with Stigmata..68½
Asylum Examined..70	With Stigmata..24	Per Cent. with Stigmata..49

Official reports show that no less than one-third of all persons convicted of murder in England, are sooner or later thereafter found to be, and adjudged, insane. In the state of New York, the proportion is one-sixth, or one-half that of England. This fact suggests that these murderers may have been insane, or developing insanity when the criminal acts were committed; as insanity is frequently so gradual and insidious in its manifestations, as for a long time to escape recognition.

Bruce Thompson, Surgeon of the General Prison of Scotland, states that of about five hundred murderers whom he had known, only three could be ascertained to have expressed any remorse for their crime.

In the cases of the last five women committed as insane from the Oregon State Penitentiary, where they were respectively serving time for crime, it was apparent, from careful inquiry, that their crimes had been the product of insane control or impulse.

Of the larger number of men similarly committed from the state prison, whose subjective history was not obscured by mania or dementia, the same truth was apparent.

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No longer ago than this month, four convicts were brought to the Oregon State Insane Asylum, from the State Penitentiary, committed as insane, a synopsis of whose case is pertinent.

The first, J. S., aged seventy years, had been incarcerated for about five years. It was charged that he shot at a neighbor, apparently with intent to kill. He has delusions of various kinds, and largely of persecution, based on hallucinations of hearing, with considerable general mental impairment. He is now criminally irresponsible, and it appears probable that he also was at the time of his trial; but the symptoms then being less conspicuous, were not established.

The second, A. I., aged fifty years, sentenced eighteen months ago for larceny, developed a regular homicidal mania in the prison, and gives every evidence of the insane neurosis, and has evidently always been impaired.

The third, H. K., aged twenty-five years, sentenced ten months ago, for two years, for larceny, is a moral paretic, bearing convincing evidences of degeneracy, and has today absolutely no realization of the quality or import of his crime. After committing the crime, he made no effort to conceal the evidences; and today has scarcely even a rudimentary regret for his offence, or its consequences.

The fourth one, C. W., aged twenty-three, sentenced four months ago, for six years, for larceny, is a moral paretic, and also presents some of the stigmata of degeneration. His defective state is so evidently of hereditary type, that his examination physician took advantage of the latitude allowed in the term, and gave "congenital idiocy" as the cause of his insanity.

And yet, as an illustration of how opinions may vary, the sheriff of the county from which he had been committed, sent word to the asylum to watch him, as he was probably feigning insanity.

Whether the plea of insanity was entered on behalf of any of them, at the time of trial, is to the writer unknown. But whatever of personal disgrace, of family distress, or of rank injustice, inheres in sending an irresponsible man to the penitentiary, was seemingly accomplished in these cases. And the existing system, not the judge or jury, is to blame.

An eminent lawyer in Portland once remarked that Oregon was one of the hardest states in the Union in which to save an irresponsible criminal from the penitentiary. And what is the reason of this? Jurymen, after sending such an one to prison, have said, "We believed he was crazy, but thought that the penitentiary was the safest place for him." And in this truth we may possibly have the key to the situation. The community should and must be protected against either criminals or the insane, as the first consideration; to be followed by the effort at individual reform.

While investigating this general subject a year ago, I wrote to H. B. Brophy, ex-warden of the Oregon State Prison, asking his opinion. I knew him as a gentleman much above the average in acumen and intelligence, though in no sense claiming to be an expert.

Here is his reply:

Eola, Ore., May 25, 1900.

Dear Sir.—your favor of the 19th inst. received, asking for my opinion as to the proportion of convicts that I considered insane, as determined during my term as warden. I would say that in my opinion one-

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fourth were either insane or weak-minded. I think my estimate is under, rather than beyond, the facts.

Yours truly,

H. B. BROPHY.

I also wrote a ltter to Dr. W. A. Cusick, for many years physician to the convicts in the Oregon State Prison, and who has long given the special thought and study of a well-trained mind to the subject of Psychictry, as to the ratio of irresponsibility in the convicts, and although he gave me no figures, I quote from his answer:

"As to the emotional phenomena, in contradistinction to the purely intellectual, the former must, it seems to me, rest on, spring out of, and have their origin in the moral side of our natures, and manifest themselves almost wholly through the ganglionic nervous system.

"I do not argue the irresponsibility of most of the inmates of our prisons, but, owing to the lack of the ballasting influences, consequent on imperfect moral discipline in early life, and after, evil associations, the moral side of human nature becomes atrophied or aborted, and a disregard or repugnence for restraint, and an impulsive readiness to violate law, becomes as much a fixed habit, as the use of alcohol is to the chronic inebriate; and the disinclination and sometimes, inability to resist morbid impulse, become much alike in both classes."

The extract applies more directly to the habitual form of crime, the "repeater" cases, and also includes the "born criminals" of Lombroso. Whether it be from inheritance, or defective training and education, or both, it seems to be rationally established that persons may become, as the expression of a diseased or morbid state, incapable of resisting the impulse to do wrong, as evidence by overt acts.

Of the various divisions or classes into which so-called criminals may be aggregated, one of the best is: (1) the insane, (2) the moral paretic, and (3) the selfish, or the true criminal. The tendency of these classes is always, more or less, to drift into, or blend with each other. There is only a small percentage of insane persons who are free from moral paresis in some degree, and the moral paretic, if not within the dividing line of insanity, is at least in the doubtful zone. For surely human knowledge cannot determine a single dividing line where sanity ceases and insanity begins.

Of the first class, the insane criminals, there are numerous types. One of the best established is the epileptic, who may murder in a state of maniacal fury; the furor epilepticus; steal or commit arson in a state of double consciousness; defy law and order as in the procursive form; or do any of these in the stage preceding or following the ordinary epileptic paroxysm, or as a substitute for the attack, usually termed larvated epilepsy.

Another is instanced by the loving mother who kills her babe, in deluded hope thus to prevent its being starved to death, or consumed by fire.

The moral paretic, constituting the second class, is characterized by moral vacuity or perversion, being defective or lacking in a base of moral reasoning or impression. He is usually a degenerate and a victim of heredity, and is often marked by somatic stigmata as well. His morbid state finds expression in his affections and emotions, rather than in the intellectual part of his organization, and he is not usually possessed of delusions, properly so

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called. Indeed, delusions, unless clearly a disease resultant, do not palliate crime. For instance, we may consider the teachings of Mahomet, or the tenets of Anarchists, as delusions, but yet could not condone a crime committeed in loyalty to such doctrines. If the perpetrator be not insane, he should certainly expiate his crime. Try the individual as such, not as of a class. Apparently endowed with reason and judgment, he goes on in a seemingly unconscious way, with sudden outbursts, perhaps, to do erratic and immoral things, receding from his excesses and improprieties with no sense of guilt or compunction. The crime of the moral paretic are those of irresponsibility.

With the third closs, the ordinary criminal, we have no ground of discussion in this paper.

When we consider that the insane criminal and the moral paretic are frequently put on trial for offences, we must be struck with the weakness of the judicial standard set up, which determines responsibility by the intellectual ability to distinguish between right and wrong. For a sane person the standard is excellent; for an insane person the standard is unfair. The right and wrong criterion of responsibility is false in its application to the latter class. Mandsley forcibly exhibits its injustice by an analogy, whose force we can all comprehend. In a typical case of Jacksonian Epilepsy, the subject finds certain muscles, perhaps an arm or leg, twitching with increasing violence, the result probably of cortical irritation. The victim is perfectly conscious of the convulsive movements, desires to check or prevent them, and may strive with all his power to control them; but the convulsive jerkings go on precisely as if without any attempted interference. What an absurd mockery of justice it would be to punish the afflicted man in such a case, because when ordered to desist, he would not. He would not, simply because he could not. In an analagous way the insane criminal or the moral paretic may be impulsively driven, by morbid irritation of a moral or intellectual center, a disease product, to commit deeds of violence or wrong, which he cannot prevent.

Descending in degree from a typical case of this kind, we pass downward in the scale until we reach the true criminal, where responsibility is clearly established. The practical demand involved by the recognition of this generally accepted medical fact is that arbitrary judicial rules, formed for convenience of classification, should be removed. An enlightened acceptance of the truth would permit, in addition to the knowledge of right and wrong, the additional criterion that the accused must possess the will, or power, to do or forbear doing the act that constitutes the crime. Just as emphatically as the guilty should be punished, so should the innocent not be punished.

Based on these premises, the following propositions are submitted as a logical sequence:

(1) There are persons who by hereditary transmission, or by environment, are atrophied, or otherwise affected, physically, morally or intellectually, whereby they have attenuated, or absent, responsibility for the commission of crime.

(2) Besides the conditions of full responsibility and total irresponsibility, there are all intermediate degrees, rendering classification and legal rules or tests difficult and even unjust.

(3) Society defence and criminal

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reformation should be the guiding principles, rather than the infliction of punishment as such; and the character of the individual, rather than the crime, should determine the quality and duration of the sentence.

(4) As an irresponsible person cannot be otherwise than innocent in the commission of crime, it is only a relic of barbarism to punish him thereafter; hence abhorrence of the "insanity dodge" as a line of defence for criminals, should not be permitted to turn the hand of justice in vengence to punish the irresponsible.

(5) Experts, as witnesses, should not be allowed to either the prosecution or defense, but should be called by the court when necessary, thereby removing any possible partisan prejudice or bias in the opinions of experts.

(6) A separate asylum for the criminal insane should exist, where they should be detained sufficiently long to amply safeguard community interests; also criminals who develop insanity subsequent to notable crime; and persons already committed as insane in ordinary asylums, who there commit crimes.

In conclusion, the medical profession claims no right or purpose to dictate rules or methods for the guidance of the judiciary in any particular; but is impelled to respectfully urge that the individual, rendered irresponsible by disease, shall be protected.

Unrecognized Syphilis in General Practice.

Every physician is confronted with the clinical problems of syphilis. Problems, too, which often try his diagnostic acumen and enforce responsibilities in his care of the patient. L. Duncan Bulkley, in a most valuable paper, considers this subject in a masterely manner (International Medical Journal). The points made in this paper are as follows:

1. Syphilis is certainly a venereal disease in all cases, and the absence of any history of sexual exposure should never throw one off the guard, when there is reasonable evidence of the disease. In addition to the large number of instances of innocent marital and hereditary syphilis, there are certain number of cases of extra-genital chancre which must always be reckoned on when confronted with possbie syphilis. Among a large number of cases of chancre which I collected from the clinics of Europe, extra-genital chancre was found to make nearly 6 per cent among the males and almost 12 per cent among the females. Fourneir, of Paris, found that in his practice about 25 per cent of the females had acquired the disease in a perfectly innocent manner, while in my own private practice a careful study of the notes of cases shows that in 50 per cent. of females syphilis was innocently acquired. Allusion has already been made to the fact that in my experience extra-genital chancre is more common in males than in females.—Medical Fortnightly.

Spermatorrhea.

℞ Cornutinae citratis, gr. ij.
Ergotin, ʒ ij
Ext. nucis vom., gr. v.

M. Ft. capsule No. 40. Sig. One capsule twice daily. When spinal hyperesthesia is present:

℞ Potassii bromidi,
Tinct. hyoscyami, aa ʒ iv.
Tinct. nucis vom., ʒ ss.
Syr. zingiberis, ʒ ij.
Aq. camphorae, q. s. ad ʒ iv.

M. Sig. One teaspoonful t. i. d. —Merck's Arch.

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Eye-Strain, A Cause of Persistent Headache

By Adolph Blitz, M. D.,
Boise, Idaho.

Read at the Ninth Annual Meeting of the Idaho State Medical Society, at Pocatello, Idaho, October 3, 1901.

Eye-strain is now universally recognized as a disturber of the nerve-equilibrium of the human body. It is therefore necessary for every physician to bear this in mind, in order to appreciate more fully the dangers from that source to the mental and physical condition of the system.

While the attention of the general practitioner has been called to this affection for some years, still, in the hurry and worry of his arduous and exacting labor in so large a field, it often happens that a subject so clearly belonging to the field of specialism is either entirely overlooked or only recognized after much mischief has been done.

My object in bringing this subject before you at this time is simply to remind you of its great importance and the necessity for a more general consideration as a cause in at least one group of ailments, so universally prevalent; producing much pain and intense suffering.

The early recognition of eye-strain in persistent headache is of the greatest diagnostic value to both the physician and patient, saving much unnecessary worry and anxiety to the one, while bringing ease and comfort to the other.

It often happens that the physician, not thinking of the eye as a factor in headache, will examine nearly every important organ of the body, from the brain downward, seeking for the cause; the liver, stomach, bowels and uterus are especially considered, and truly so, as in some manner, a disturbance in either of the organs named may be the cause of the headache.

While I do not say aught against this course, I insist, that his search is not extensive enough; the mistake is made in neglecting the eye in these investigations, when that organ frequently outranks the others in its power to produce, not only common headaches, but the most violent and persistent ones.

We are all aware that to effect a cure in any case, a correct diagnosis is of first importance. Without finding the true cause, but treating symptoms only, our efforts would be barren of good results.

Headaches are of common occurrence and many people, who are sufferers form it, try every remedy brought to their notice, in a vain effort to get relief.

Nearly every physician has had experience with cases of persistent headache which baffled his skill to cure. Although able to relieve the worst symptoms for a time, they reappear in a more severe form after a brief respite.

If you trace the history of persistent headaches in many cases, you will find as a general rule, that they commence soon after some protracted near-work, where the eyes were on a constant strain for a number of consecutive hours.

Amongst the most frequent sufferers from headache, are students, bookkeepers, sewing-women, school teachers and ladies who do embroidery and other fancy work. The trouble will be described by them,

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as appearing either immediately, or soon after doing some work that kept them at it for a longer period without rest, than is consistent with the laws of nature.

Many students, fearing inability to keep up with their classes, but ambitious to keep abreast, strain their eyes in study during many extra hours, generally late at night, when by nature's laws, that time should be devoted to rest the tired and over-worked organism.

Bookkeepers in some of the larger business houses, will frequently attempt to increase their earnings by working after business hours, at the books of small concerns.

Sewing women as a rule are badly nourished and over-worked. In large cities they are compelled to put in all the time possible, until far into the night, to earn the small pittance the shops allow them for work.

School teachers must keep themselves informed to hold their places and that means much over-study, while many ladies do a large amount of fine embroidery and other fancy needle-work, some of them from choice, others from necessity.

It is not infrequent that invalids, having passed through a severe and debilitating disease, the enervating effects of which are slow to disappear, are often compelled to remain in bed for weeks or months perhaps, able to sit up only a few minutes at a time. Feeling that they do not want to waste their time entirely, they are either sewing on some kind of fancy work, or reading.

It is not all strange that these invalids should give no thought to their eyes, for as a rule, the vast majority of people, either do not think of their eyes at all—for they know so little about their eyes—or they take it for granted, that their eyes must hold out, no matter how exacting the demand on their strength. But we know the weak and nervous condition of such a patient, and we certainly must expect the eyes to share in the weakness of the entire body.

Are the muscles of the eye-ball and the ciliary muscle, better able to do a great variety of fatiguing labor, aside from their necessary movements during far-vision, than any other set of muscles of the body? These little muscles are constantly at work during the waking hours, without any rest, and to put an additional strain upon them, can only result in weakening the delicate organ of vision, often permanently disabling it.

I think then, it certainly is the duty of the attending physician to warn the invalid that the eyes cannot stand the over-strain, whilst the general system is in a weak condition and to prohibit any attempt at fancy work, or reading, during convalescence.

It has been demonstrated by careful and reliable tests, that many children develop refractive errors after an attendance of only a few months at school.

The causes are often found in faulty construction of school rooms, bad ventilation, insufficient light, injudicious arrangement of desks, and lastly, the carelessness of teachers in seating too short a pupil at too high a desk and a tall pupil at a very low one, which, aside from its incongruity, is certainly injurious to the eyes of young children, and is productive of refractive errors, which may cause persistent headaches, or develop a train of nervous conditions, that later, pro-

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duce many other troublesome ailments.

Often children are punished by teachers and parents for obstuseness, in the belief that such children are either too dull—and the punishment is to awaken the latent faculties—or for obstinately refusing to learn, when in reality their vision is at fault, they being unable to recognize the objects in question.

In our present and enlightened age, the children's lessons at school are certainly exacting enough, not only to injure the eyes, but also the physical system of our young children.

Pupils in our public schools are held down too much to their studies with little time for play. In the intermission during the dinner hour, they run home, gulp down their food in the short time allotted them, and hurry back to school, fearing to be late. They must be in time to go in the ranks, or be marked late. Is it any wonder that our children grow up with defective eyes, stunted physique and later develop nervous and other troubles?

Few people have any conception of the amount of work the eyes and their accessories necessarily perform. The muscles of the eye are seldom considered, and if at all, only in their ordinary movements of the eyeball, whilst the existence of the ciliary muscle and the enormous amount of work it performs in a day's employment, is a thing unknown to the laity and therefore never appreciated.

When people refer to any muscular labor performed, the muscles of the arms or lower limbs only are referred to as the active parts involved; they seem to be unaware that the muscles of the eyes have been continuously at work, even while those of the limbs rest temporarily; and very fatiguing work it is. No wonder that very often these muscles, when over-worked, will rebel, and, if not actually refusing to work, do so under protest only, heterophorias and their inevitable results as headaches and other painful nerve-symptoms, will soon cause a realization of impending trouble.

The result of over-work in many of these cases may at first be a slight frontal headache only, often without pointing to any particular trouble about the eyes, while vision seemingly remains good. The headache may even become more severe and worry the patient for a long time before any very annoying eye-symptoms make their appearance; but at the last they do come often with a vengance.

At first, there may be felt a smarting sensation only at the edges of the eye-lids—a slight burning sensation—sometimes a feeling as if some fine sand were under the lids; they soon become watery when used, and the patient will rub and wipe them, then go on a little while longer. A sensation of fulness is felt and the eyes soon tire readily after short usage. This is followed by a dull pain, which increases with the continued use of the eyes, the headache becomes more severe, extending to the temples, the top of the head and sometimes to the occiput. Even then, patients often may not know that there is anything wrong with their eyes, as generally the eye-symptoms are thought to be the result of the headache, or possibly, either neuralgia, stomach, or liver-trouble, or any other ailment except the right one, viz: the *over-straining of the eyes.*

Astigmatism, is a condition that plays a very important part in headache-producing eyes, and its correction by properly adjusted glass-

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es, must always form the basis of any attempt at relief, even when the degree of irregularity in curvature of the cornea is only very slight; in fact, I have often seen very marked and immediate relief follow in numbers of cases, after ordering the use of a 0.25 cylinder.

Astigmatism is a state of the eye, in which the cornea is not of uniform curvature in all its meridians, although irregularities may also exist in the crystalline lens. The rays of light passing from an object through an unevenly curved cornea towards the retina, are not all bent equally by the crystalline lens; those rays, passing through the perfectly curved portion of the cornea, will focus upon the retina a perfectly bright, partial image of the object, while those rays passing through the irregular portion, will throw imperfect, irregular, poorly focused luminous rings on the retina; these often overshadow the brighter impression, thus making a partially blurred picture, instead of an entire clear one. The ciliary muscle striving to correct this faulty focusing, making additional contractive efforts until the picture is sufficiently bright to be clearly recognized by the brain. This is extra and fatiguing work for the ciliary muscle, especially when you consider that this has to be done constantly while using the eyes for distant or near visions.

In the normal eye, the labor performed by the ciliary muscle is regular, its contractions are uniform and steady, hence not fatiguing, but when forced to do twice or three times the amount of work designed by nature, while correcting or covering refractive errors, and this in an irregular manner, almost without any compensation in time, it is only a question of time when the muscle will become exhausted and refuse to work. When we also take into consideration, that the picture transmitted to the brain in the same irregular manner, and that this organ also must make more than the ordinarily necessary efforts to register, recognize and give intelligence, to the picture so formed, it is easy to understand that this strain must result in headache, pain and other troublesome symptoms. Eye-strain, long continued, often produces insufficiencies of the motor muscles of the eye-ball. If one eye is only affected, it may deviate from the position necessary for bin-ocular vision, forcing the eyes to additional efforts to fuse the images. This is fatiguing work and if long continued, the dreaded phorias will develop to such a degree that attempts at an even moderate amount of near-vision will become a practical impossibility.

This constant and unequal strain soon prevents any effort for near-vision lasting more than a few minutes at a time, with more or less painful and persistent headache present to worry and weary the patient, whether the eyes are in use or repose and finally they will break down entirely.

When we consider the action of the ophthalmic branch of the fifth cranial nerve, we can readidly understand the reasons for the discomfort or pain. The irritation of one portion of that nerve will also effect other portions, probably by sympathetic action and as the ophthalmic branch of the fifth nerve has some connection with other parts of the head, this would probably account for the headaches and other pains; then there are reflex nerve-irritations which may cause the dizziness, stomach irritation, nausea and vomiting and the un-

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steady walk which we notice in extreme cases.

The family physician, when consulted, is often mislead as to the cause of the headache. His diagnosis is either malaria, biliousness, dispepsia or some other ailment. He orders some of the remedies that seem indicated, and often with temporary benefit.

This treatment may be kept up for several months, or years, until the patient either tires of the nauseating medicines, or, as often happens, discovers accidentally, or learns different from some friend who had gone through a similar experience and had been advised to consult a specialist. A careful examination of the eyes revealed an error of refraction, which after correction by properly fitted glasses banished the headaches, which disappeared as if by magic.

Unfortunately it occurs only too often, that the real cause of the trouble is at first overlooked. Then the confidence of the patient and his medical attendant is shaken. This the latter could readily avoid by keeping in mind that the eye is a frequent and prolific cause of persistent headaches. At the very first stage of his examination, he should ascertain whether an error of refraction exists, or whether it can be eliminated as a factor in the disturbance.

Often general practitioners do not take the trouble to inform themselves how to make these examinations — although a general knowledge of procedure is all sufficient—nor it is necessary to provide costly instruments for the test. While the former is a necessity, the later can be reduced to a minimum, as all that is necessary is a number of cards containing test-letters and lines, for testing distant vision and astigmatism, and a card of fine print for testing near-vision. These will aid the physician without much trouble in determing the existence of any refractive errors. The test for distant vision will show whether simple myopia, hypermetropia, or astigmatism exists, but as in many cases considerable ametropia may exist without interfering with perfect distant vision, the test for the near-point is necessary in order to establish this fact.

If the near-point of vision is not in accordance with the age of the patient, that is, if the test-letters are brought either too near or held too far from the eyes, it is a strong indication of existing accommodative strain.

In the treatment of these cases, the removal of the accommodative strain must constitute the principal consideration. This can only be accomplished by the aid of scientifically correct and properly adjusted glasses, combined in such a manner that they will equalize the deficiencies and irregularities of curvature in the affected parts, thus reducing the amount of work of the ciliary muscles to their present capacity only. Glasses which do not fulfill this requirement are worse than useless and will do more harm than good. The latter is unfortunately often the case.

Ignorant charlatans—without a knowledge of physiological optics and allied sciences—who pretend to be proficient and undertake to do the work of the scientist, cause results so disastrous, that the most skilled ophthalmolgist may have trouble in rectifying them.

All glasses necessary for the correction of refractive errors and especially those for the correction of astigmatism, must be made by a mechanical optician, competent to

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grind and adjust them properly, in order to obtain the desired results.

Often patients, especially young ladies, object to the wearing of glasses on account of their cosmetic effect, but when they find them to be the only effective remedy against the tormenting headaches, they succomb to the inevitable.

The following few cases effectively illustrate this subject:

1. A merchant suffered greatly from headaches, stomach and nerve troubles. Often he had spells of nausea and vomiting. For this he was treated for years without relief, and as his health became greatly shattered, and being unable to attend to business, he was advised to give up his large and profitable business. This he did and went to Philadelphia to consult Dr. Weir Mitchell for his nerve troubles. The doctor examined him carefully, but could find no disease. He advised the examination of the patients eyes for the refractive errors. This was done and it was found, that, while one eye was almost in a normal condition, the other was highly astigmatic. Properly adjusted glasses relieved the trouble and the patient had no more headaches or nausea.

2. Mrs. W——, had glasses fitted in Cincinnati and later in Heidelberg, Germany, but still she suffered from constant headaches. I changed her glasses and prescribed the following:

O. D. minus 7.75 S.

O. S. minus 8.25 S. () minus 1.50 Cyl. Axis 130°

After receiving her glasses she went East, spending the summer at different watering places. On her return she came to thank me for the ease and comfort she enjoyed from the glasses I prescribed, as she had not had a single headache since she put them on.

3. Mary D——, suffered constantly from violent headaches. She is bookkeeper in her brother's store and when she returns home in the evening, is compelled to go to bed—sometimes even without eating supper—on account of the most violent headaches. I prescribed:

O. D. plus 50 S. () plus 50 C. Axis 180°

O. S. plus 100 C. Axis 130°

A month later she told me that she was entirely free from headaches, since she wore the glasses. She is happy to be able to sit up evenings and have a good time as well as the other girls.

4. Mrs. C——' came to me for an examination of her eyes. Being very fond of music and having little else to do, she practices during the greater part of the day. She was a great sufferer from constant headaches. Her physician prescribed for them with but temporary benefit. This was repeated periodically for about a year, when she complained of blurred vision, especially in reading the notes. The doctor wondered whether her eyes were not the cause of the headaches and sent her to me for examination. I ordered:

O. D. plus 0.75 S. () plus 0.25 C. Axis 170°

O. S. plus 0.65 S. () plus 0.65 C. Axic 75°

Since wearing the glasses she is entirely free from headaches.

5. Mrs. H——, wore glasses for six years. About a year after putting them on she had frequent headaches and later nausea developed. She was debarred from accepting invitations to dine with friends, being frequently compelled to leave the table and vomit what she had eaten. She considered herself a nusiance and had tried hard to find relief. When her family physician had failed to relieve her

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in two years treatment, she consulted others. One said she had uterine trouble and must have an operation to relieve that, and her other ailments would vanish. She declined. Five years she was treated by different medical men, then she became despondent. Her husband prevailed upon her to return to her first physician. After listening to her tale of woe, he made a thorough examination and found her in perfect physical condition. Then the thought came to him, that possibly her glasses were at fault and he referred her to me for examination. I saw that she had blepharitis marginalis. Examining the glasses I found she had been wearing plus 2.00 S. for both eyes.

My examination revealed astigmatism which was corrected perfectly with plus 0.50 C. Axis 90° for both eyes. She had no more headaches, no more nausea, and no more vomiting. A happier woman I have seldom seen.

6. Miss S——, had glasses fitted by an oculist in St. Louis, the mother assured me he is a competent man and very pains-taking. Still the young lady suffered from violent headaches after study. I found the lenses correct, but on examination for muscular insufficiencies, found right hyperphoria ½ degree. I added a prism correction to her lenses; dividing this in half, putting one-fourth degree with each lens, one with base upwards, the other base down. No more trouble afterwards.

I expected to have her exercise the weak muscles with suitable prisms, but she would not do so, being satisfied with the temporary result.

Many such cases could be cited in corroboration of the subject of this paper, but they would be much of the same character hence unnecessary.

In conclusion I present the following points:

1. Eye-strain is a prolific cause of headaches.

2. Eye-strain as a rule is a cause of headaches more often than a result.

3. In examinations to find the cause of headaches, vision-tests, should be included.

4. Headaches from eye-strain can be cured by properly adjusted glasses only.

Mrs. Eddy.

Mrs. Mary Patterson Baker Glover Eddy—Frye?—head of the "Christian Science" church (sic), recently was scathingly arrainged in a lecture at Boston by Attorney Frederick W. Peabody. He openly charged Mrs. Eddy with conspiring to kill one Daniel Spofford, pointing out that her then husband was Asa Eddy, who was indicted by a grand jury for conspiracy to murder Spofford. He further stated that at the present time Mr. C. A. Frye, who poses as Mrs. Eddy's servant, footman, secretary, and man-of-all-work, and who holds the title to all her real and personal property, including jewels, is really her husband, and that he is living with her as a husband. By giving him all property, and she has assumed a tidy fortune out of her "religion," Mrs. Eddy has made herself "judgment proof." Mr. Peabody reiterates the statement that Mrs. Eddy is one of the greatest "religious" fakirs of all time. Yet she is believed in by thousands of good people who think she really received a personal communication from God. No other proof is needed to show how thin is the veneer of general intelligence even in this country of free education. —Exchange.

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La Grippe

By W. B. Parsons, M. D.,
Missoula, Montana.

Most of the late writers speak of this affection as an acute contagious disease, produced by the bacillus of Pfeiffer. This bacillus is reported to have been discovered by Pfeiffer and Canon in 1892. While it has been found to accompany la grippe, it has not yet been demonstrated to be the cause of this disease.

It would be better, therefore, with the light we now have to guide us, to designate la grippe as an infectious disease, occurring at shorter or longer intervals in various parts of the world, as a pandemic, affecting the mucous membranes of the respiratory organs and the nervous system, with possible involvement of any other tissues or organs of the body, and probably due to bacilli. Pfeiffer may have discovered the specific organism which causes influenza or la grippe, but he was not the first to announce the theory of germ origin. This theory was maintained by many investigators more than forty years ago. While Watson held to the zone theory, he wrote, as long ago as 1857, as follows:

"Another hypothesis more fanciful, perhaps, at first sight, than these, yet quite as easily accommodated to the known phenomena of the distemper (influenza), attributes it to the presence of innumerable minute substances, endowed with vegetable or animal life, and developed in unusual abundance under specific states of the atmosphere, in which they float and by which they are carried hither and thither. Myriads of these animalcules or of these vegetable germs coming in contact with the mucous membranes, and especially with that of the airpassages, irritate (it is imagined) those surfaces, and exercise a poisonous influence upon the system. Now, the sporules of certain fungi which ruin the health and destroy the vitality of larger plants on which they prey are inconceivably small. I shall prove to you, presently, that vegetable effluvia are capable of producing, in the human body, symptoms not very dissimilar from those of influenza. Again, that the waters of this globe swarm with living creatures which are invisable by our unaided eyes, the microscope has taught us. Others too minute to be estimated even by that wonder-showing instrument, in all probability exist. We cannot doubt that the gaseous fluid which surrounds this planet equally teems with living atoms. We know that multitudes of insects and cryptogamous plants, infinite powers of computation, are some times suddenly hatched or developed in places which were previously free from them. It is easy to conceive that atmospheric infusoria (so to speak) may rapidly congregate or vivify in masses sufficient to render deleterious the very air we breathe. If this be so, we can understand how such a cause of disease may first act here and there, and presently overspread large districts; how it may move or be wafted from place to place, or be carried about by persons; how its course and operation may be circumscribed and defined; and how some germs or ova may remain after the visit, retaining their vitality, and ready in future seasons again to start into life and activity under favoring circumstances, taking the insect hypoth-

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esis, and knowing, as we do, that some animal poisons (that of smallpox, for example) have the singular property of multiplying themselves in the human body like yeast in beer, we may conceive that diseases produced by animalcules may thus infect the fluids of the body and become contagious in the fullest sense of that term.

Lastly, the uniform duration of these epidemics has been supposed to add probability to the notion that they result from the operation of some organic principle which has its definite periods of growth and decay. All this is sheer hypothesis, but I have nothing better than hypothesis to offer you.

You may choose from among them or you may reject them all, as the bent of your minds may incline. That which commends itself to my own acceptance, and which may also be most easily put to the test when the opportunity shall arise is the ozone hypothesis."

These prophetic words of Watson indicate that many of the discoveries of late years have their starting point in ideas or principles proclaimed by investigators of a former generation, and this fact should teach us not to appropriate to ourselves all the credit of recent progress in medical science.

Whatever may be the cause of la grippe it certainly inhabits the atmosphere alone. Whether it is generated here or derived from other sources and distributed through this medium, future investigation must determine.

Meteorological and telluric influences, or different conditions of the atmosphere as regards the temperature and moisture, exert no other than modifying effects on this disease. The theory of ozone, advocated by Schoenbein and Watson, with the light we now have on the causes of disease, cannot claim any attention. On the other hand, its oxydizing properties should render it antagonistic to toxic conditions of the atmosphere.

The germ theory is more rational than any other, and is at the present time generally accepted. The predisposing causes are few. Young adults and aged persons are most liable to attacks, for the reason, perhaps, that the former carelessly expose themselves and are ignorant of the dangers inseparable from the operations of la grippe, while the latter, from the exhausted or worn-out condition of their organs, have less power of resistance to meet the insidious and progressive inroads of the disease. The initial operations of la grippe, are generally limited to the mucous membranes of the respiratory passages and the nervous system. A rigor followed by more or less fever, with head ache, muscular pains, watery eyes, nasal, laryngeal and possibly, bronchial irritation, a persistent, dry, peculiar-sounding cough, and an unaccountably nervous prostration, mark the invasion of this disease.

This disease is protean in its manifestations, which vary from the mildest catarrhal type to the gravest congestive and inflammatory forms, involving many different tissues and organs or the disease may fall on the respiratory organs, the gastro-intestinal tract, or the heart, it may also assume a typhoid or rheumatoid type; but in none of its forms do we find anatomical lesions commensurate with the gravity of functional disturbances. The most dangerous complications of this disease are pneumonia and heart-failure.

By guarding against such in-

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volvements, the patient may look forward to a speedy recovery. The beginning of the attack requires prompt and efficient treatment. The patient should be kept in his bed until the acute stage is passed, and then should be advised to remain in the house until he has thoroughly recovered from muscular and nervous exhaustion. Neglect of this precaution may occasion a relapse with dangerous, if not fatal, consequences.

In neuropathics and aged debilitated subjects, enforcement of the above advice is imperatively demanded.

The medical part of the treatment, especially in the incipiency of the disease, is simple but important.

Bearing in mind that in this disease there is always a tendency to a rapid lowering of all the vital processes, the selection of medicinal agents must be made with a view of counteracting that tendency, as well as combating other urgent symptoms. While every case must determine the details of treatments, the writer has found the following prescription in the early stage of the disease to approach nearer a specific than anything he has ever tried:

℞ Ammon Chlorid ʒ ii
Cordial Codliver Oil Comp. (Hagee) ʒ viii

M. Sig. Take a tablespoonful four times a day, alternated with a five grain pill of quinine for two or three days—then omitting the quinine and continuing preparation until restoration is complete.

This prescription should usually be preceded by a brisk mercurial purgative. Of course this treatment is intended for an adult in the average physical condition of this class of patients.

After complications have developed, the treatment must be along the line of special indications.

Comparative Medicine.

We have long held the opinion that there is a great future before the comparative study of the diseases of animals and man. At present the veterinary department is kept too much apart from the study of human disease. It is true that the class of men who enter for the two professions are widely different, and as a rule the intellectual development of the average veterinary surgeon is not as high as that of the average doctor. The veterinary surgeon is not usually endowed with a scientific trend of thought; there are, of course, exceptions, but they are few and far between. The majority do not take that interest in their profession that one might expect, a fact that is probably largely due to the debasing influence of the persons with whom they are brought daily into contact, for it is well known that the respectability of the people who have much to do with horses is in inverse proportion to the nobility of the animal with which they have to deal. We believe, however, that there is a better future for the veterinary profession, a future which will largely owe its improvement to the comparative study of the diseases of man and animals. This is a study which has been too long neglected, but is becoming an absolute necessity in the face of modern sanitary science.—Medical Press.

Urticaria.

The Jour. des Praticiens from N. Y. Med. Jour.

℞ Alcohol,
Sulph. ether, aa parts ʒ00.
Spir. chlorofromi,
Menthol, aa par' 1.
—Ther Monthly.

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EXTRACTS.

A Valuable Remedy in Intestional Irritation.

By Louis Leroy, A. M., M. D., Nashville, Tenn., Professor of Pathology, Vanderbilt University, State Bacteriologist of Tenn., etc.

While Terraline has been restricted in its use largely to cases of bronchial inflammation or in allaying troublesome coughs, or for its nutritive value in conditions of emaciation, it seems that one of its most useful actions and broadest fields has been largely overlooked. This is the soothing effect which it has upon the mucous membrane of the gastro-intestinal tract. The oil is perfectly bland and tasteless and so thoroughly refined that it lacks the irritating fatty acids which are nearly always present in any of the oils used for internal administration. These qualities permit its administration in good sized doses, over prolonged periods of time without causing digestive disturbances, eructations, or sufeiting the patient. This will be found to afford relief to a marked degree in cases of tubercular ulceration of the intestine, and in the pain of gastric ulcer. In pyloric carcinoma, with stenosis, a moderate dose administered before mealts seem to facilitate the digestion and favor the ready passage of the food through the pylorus, and cause some remission in the pain.

In one case of gall stone which recently came under my care, Terraline was substituted for olive oil with the most pleasing results. The patient took the large amount recommended (16 ounces) more readily than would have been the case with olive oil and passed safely through the attack. Since the first attack she has been kept on tablespoonful doses three times a day for two months without any inconvenience, and ont expressing any distaste for the remedy. There has so far been no indications of a return of the trouble.

Terraline also has proved in our hands a pleasant adjunct in the administration of cathartics. With these the amount of griping is very much diminished, and larger doses can be given, and a very thorough effect obtained without the unpleasantness which would toherwise be produced.

When used for its sedative effect on the gastro-intestinal mucosa it can be given in large doses than one usually recommended when its effect upon the respiratory tract is sought. Tablespoonful doses, or even ounce doses three times daily will be found to be well borne. As the oil is of mineral origin and chemically nearly as stable as paraffin, it may be combined with any of the other remedies desired, directly if they are mixable with the oils, separately if not, but with the assurance that each will have its own therapeutic effect without detriment from the other.

The results which we have had in the past with Terraline indicate quite a field of usefulness which can readily suggest itself from the foregoing.

Nashville, Tenn., Jan. 17, 1902.

Vaccination Vindicated.

Recent exaggerated reports of cases of lockjaw in a New Jersey town, alleged to have resulted from vaccination, were so widely circulated that it is well to emphasize the real facts as they are shown in the official report of the Board of Health of that town and reinforced by reports from State Board of Health and individuals. These show that the stories of impure virus were wholly false. Samples of the virus were purchased for test from fifteen different pharmacies, the per-

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sons selling the same having no knowledge that they were to be tested. They were found entirely free from tetanus germs. But the Board did not rest with this test. It examined the history of each of the cases of lockjaw, and found that the vaccination had been done in a correct and cleanly manner, but that the persons vaccinated had not observed proper precautions afterward. It is known that tetanus germs were in the air. A boy with a gunshot wound, in the same neighborhood and during the same period, was taken with tetanus. And in every case of lockjaw, occuring after vaccination, the vesicle had been broken open, allowing access of air and dirt and whatever germs were in them. There was other evidence confirmatory of this view that the lockjaw resulted from carlessness after vaccination, and not from the materials used in the operation. The limits within which tetanus occurs after vaccination are five and nine days. In each of these cases in New Jersey the tetanus occurred more than three weeks after vaccination. More than half a million of Philadelphians were vaccinated at the same time with the same makes of virus, and not a single case of lockjaw resulted. And the virus was tested on various animals most susceptible to tenanus, and not a case developed.

These tests prove conclusively that vaccination in itself is harmless, but they make necessary a word of caution to those who have been vaccinated. The inclination to scratch and break the vaccine vesicle should be resisted. The vesicle should be carefully guarded from injury. When it is broken open, like any other open sore, it is liable to infection from tetanus germs which may be in the air. It is recommended by authorities that especial care in this respect be taken by persons handling horses, as the tetanus germs have a great fondness for those animals. And the same precautions should be observed by persons suffering from other open wounds.

The anti-vaccinationists have attempted to make capital of the Jersey lockjaw stories, and will no doubt continue to do so; but evidence as to the efficacy of Dr. Jenners' discovery multiplies. We have called attention to the reports from Boston and Philadelphia, which show that practically all the victims of small-pox in those cities are numbered among the persons who have not been vaccinated in the past two or three years. We have recited the experience of Germany, where vaccination is rigidly insisted upon, compared with that of countries in which there is a greater laxity as to vaccination, or in which the anti-vaccinationists hold more or less sway. The reports of the Porto Rico Board of Health show some remarkable facts. There was a general vaccination completed on that island on June 30, 1899, 860,000 persons being vaccinated. In the two years succeeding that date but three deaths from small-pox have occurred. The average for the ten previous years was 621. These facts speak for themselves.—Editorial in Baltimore Evening News, Feb. 18, 1902.

The Nature and Treatment of Hypochondriasis.

The practitioner is very frequently called by patients for treatment of a series of symptoms which are not sufficient to make out the clinical history of any disease. Often these patients are regarded as mildly insane, and often they are treated with inconsideration and are laughed at as men or women who have "hippo."

The disease consists of a morbid apprehension either of the existence

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of, or a liability to some serious disease. In mild types of the affection the patient complains of general systemic debility, and great susceptibility to disease influences. The patient is therefore morbidly afraid of the onset of some disease, and the precaution which they employ to prevent disease are very numerous. Later on the disease fastens itself upon the patient and he feels himself the subject of some serious disease, and that he is in imminent danger of death. In this connection I can do no better than quote the words of the late immortal Flint:: "Different cases represent gradations between these extremes. The mental depression or despair which may be produced by a knowledge of the fact that a serious or fatal disease actually exisits, does not constitute hypochondriasis. The hypochondriac is the victim of a delusion with respect to a pathological condition; and the mental suffering arising from this error or belief often exceeds that which would be likely to be experienced if the fancied diseases existed.

Generally the hypochondriacal delusion is accompanied with more or less mental depression, and often with marked melancholia; but in some cases, the patients are resigned and cheerful. Fancied diseases, are sometimes the occasion of deep and pure religious sentiment calling forth the manifestations of pious resignation."

These patients will demand treatment at our hands and we believe that if we will give these patients intelligent treatment and tell them that their case is not an incurable one, I believe we can very often bring about results of the happiest nature. It is a fatal mistake on the part of the physician to laugh at these patients or to tell them that they are not diseased. The treatment consists then both in giving correct medicines, and having the patient to go about among agreeable friends, and in the physician giving assuring promises of relief.

The best remedy for these patients is Daniel's Conc. Tinct. Passiflora Incarnata. This agent is a nerve stimulant and anodyne, and while it is taken the patient gets sufficient sleep and he loses his nervousness and the apprehension of death or disease lessened. The patients generally stay in doors a great deal and eat as a rule concentrated foods. Constipation is therefore a factor in nearly every case. Daniel's Conc. Tinct. Passiflora Incarnata besides being an ideal nerve tonic is also a mild laxative and mild diuretic and it therefore increases the health of these patients by its action as an eliminant.

It will be found that the remedy if persisted in will bring about a curative termination in nearly all cases of hypochondriasis, will terminate in cure. The nerve rest, and the natural sleep which the remedy brings rarely fails to bring about the most speedy relief of some of the most agonizing symptoms. Sleeplessness makes every feature of the disease worse, and this remedy is one of the most certain remedies which we possess to overcome and to cure insomnia.

Daniel's Conc. Tinct. Passiflora Incarnata is admirably adapted to meet the indications in this disease—it can be taken for a long period of time without losing its efficacy, and it has no evil after effect like opium or chloral, and it is not poisonious, and it does not establish drug addiction.

The dose is from one to two teaspoonfuls every two, three or four hours as the urgency of the case may make necessary.

JAMES O. WINN, M. D.,
Nashville, Ala.

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The Treatment of Nasal Catarrh by the General Practitioner.

By Eugene C. Underwood, M. D., Surgeon B. & O. S. W. R. R.; Surgeon K. & I. B. Co., etc., Louisville, Ky.

I have long entertained the view that the general medical practitioner neglects to treat his patients for catarrh and sends them to a specialist when he could successfully manage these himself. In fact, the treatment of catarrh is very simple and the results which follow correct and systematic treatment are very satisfactory. In practice, two forms of chronic nasal catarrh are met. These are hypertrophic rhinitis and atrophic rhinitis.

The hypertrophic form is more generally seen, and is characterized by a thick mucous discharge from the nose, great liability to colds, obstruction of one or both nostrils, which forces the patient to breathe through his mouth, nasal intonation of the voice. There is more or less headache and the sense of smell is lost or impaired. There is dryness of the throat, deafness and other symptoms showing the extension of the disease to neighboring organs. Exostosis of the osseous structures often is seen.

Atrophic rhinitis (ozena) is characterized by a sense of dryness in the nose and throat, a thick purulent discharge and the expulsion of discolored crusts and an offensive putrid odor. The sense of smell is impaired and the patient is weak and anemic.

The mucous membrane is dry and glazed, but in advanced cases ulceration and necrosis are present.

The treatment consists of applications directly to the diseased area and the administration of such internal remedies as will correct any coexisting disease or morbid state. In some cases where there is occlusion by exostosis the resources of surgery must be invoked.

Let me examine more in detail the treatment of the types of nasal catarrh.

In simple chronic hypertrophic rhinitis the results of treatment will be most flattering. In a case attended with no constitutional disease nothing is necessary beyond having the patient spray the nasal mucous surface with a solution composed of equal parts of water and Hydrozone every three hours.

If the case has persisted some time and the patient has an amount of mucous discharge, I have him take twenty drops of balsam of copaiba four times daily. The Hydrozone is not only a disinfectant and germicide, but its curative action on the inflamed mucous membranes is speedy and is not equaled by any other drug I have ever used. When the patient is anemic I have him take iron, and any other drug is used when it is called for by any associated disease or morbid condition, but the Hydrozone spray is used in all cases.

In the atrophic variety we shall have to use the same local application. The Hydrozone at once overcomes the offensive odor and takes off the purulent crusts.

These cases must be treated with cod liver oil, iron and such other remedies as will bring up the general health.

Here are a few clinical histories:

Mr. R. H. M., age 60, had been a sufferer for two years. There was no exostosis, but when he had a cold he could breathe only through his mouth. He was in good general health, so I had him buy an atomizer and use a spray composed of equal parts of distilled water and Hydrozone. He sprayed the mucous surface of the nose every three hours. On this he made rapid improvement and in three weeks had no further symptoms.

S. M. T., age 18, had chronic hyper-

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trophic nasal catarrh in which the mucous discharge was very abundant, and this was associated with dryness of the throat and constant desire to hawk and spit. She used the Hydrozone and water spray, and took fifteen drops of balsam copaiba three times daily. I had the pleasure of seeing this young woman go along to complete recovery in a period of six weeks.

Mrs. R. J. C., age 49. This lady had atrophic rhinitis and as soon as she came near you the putrid odor asserted itself. Her general health was lowered. I had her use the Hydrozone and water spray and take cod liver oil internally. She spent last winter in Cuba, and has just gotten home greatly improved in general health and her catarrhal disease is better.

She says the spray effectually destroys the disgusting odor and that scarcely any discharge now appears.

I expect to see this patient entirely well in several months.

Removal of Gun Powder Stains.

(By Dr. E. G. Corbett.)

On Christmas day a boy of twelve filled a vaselin bottle with powder and exploded the same. I arrived on the scene about three hours after the accident and found the cornea and sclerotic of both eyes and the face literally blown full of powder. I removed a dozen or more flakes of powder from each cornea with a foreign spud; also removed the powder from the sclerotic. Did the operation under a four per cent solution of cocain. After the operation I used a fifteen per cent solution of Hydrozone in the eyes. After removing the particles of glass from the face, I kept a cloth over it saturated with a fifty per cent solution of Hydrozone. At the end of two weeks I used a saturated solution of boric acid in the eyes and painted the face twice daily with equal parts of Hydrozone and glycerin. The eyes are well and powder stains have disappeared from the face.

Bright's Disease.

By Eugene Carl Roemele, Ph. D., M. D. Professor of Materia Medica and Therapeutics in Hospital College of Medicine, Louisville, Ky.

Case 3.—Mrs. M——, age 36. This lady had been passing from two to four liters of urine of a specific gravity of 1012 per day. Albumin was abundant in great quantities showing on either the heat or nitric acid tests. The number of white blood-corpuscles was greatly diminished, which we all know are increased by the employment of protonuclein in 5-grain tablets (and the writer prefers it in this form in order to prevent substitution). It was necessary for the patient to get up several times during the night to relieve the bladder, which would become very greatly distended. The inability of the stomach to retain any medicine whatever seemed to be the greatest trouble. She had been given the so-called stomachic tonics without satisfactory results. Finally I gave her the peptenzyme and trophonine. This was very firmly retained, and after she had taken the 5-grain tablets of protonuclein, she was able to retain all other medicines given her for Bright's disease, which she had been suffering from.—Abstract from The Kansas City Medical Record, Decembed, 1901.

The Unrecognized Chancre: Gottheil.

(Author's Abstract.)

The Unrecognized Chancre: In the International Medical Magazine for October, William S. Gottheil calls at-

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tention to the frequent insignificance and fugacity of the syphilitic initial lesion, which leads to its non-recognition in quite a large proportion of cases. Ignorance of its occurance, and not voluntary falsification, is the cause of the frequent absence of a syphilitic history in undoubtedly specific cases. The author calls attention to the following points of diagnosis:

1. The presence of a tumor as the original lesion. In its essence, and invariably at the beginning, the chancre is a small round cell accumulation in the skin or subcutaneous tissue. Ulceration may occur, and usually does, or even phagadaenism; but these are accidental, and epiphenomena, and almost invariably the specific induration is appreciable at the base of the lesion.

2. The tumor is indolent, painful, and recalcitrant to treatment.

3. A peculiar and characteristic "stony" induration of the nearest lymphyatic glands accompanies it, different from the general adenopathy that occurs later as a consequence of the systemic infection. Other lesions, as gummata, do not show it.

4. Chancre runs its full course in a few weeks, whilst tuberculosis takes months, and carcinoma even years, for its development.

5. The well known signs of general luetic infection osteocopic pain, cephalalgia, synovitis, general lymphadenitis, exanthem, etc., must be carefully and persistently searched for in every suspicious case. They may be so slight as to entirely escape careless examination.

Unnecessary Operations.

It cannot be denied that at the present time there is a tendency to perform operations upon cases where, to say the least of it, operative interference is unnecessary. In this way a veritable cacoethes operandi grows apace. In no department of surgery is this so prevalent as in that of the nose and throat. A distinguished laryngologist has lately drawn attention to the subject in a lecture on the principles of local treatment in diseases of the upper air passages. He points out that the craze for operation is conspicious in the case of adenoid vegetations, which came before the notice of the profession only about twenty years ago. Suddenly operation for adenoids became the rage, and every lympathis nodule in the pharynx was promptly removed. It must be admitted that in a severe case causing obstruction to nasal respiration, operation is not only justifiable but distinctly indicated; but many non-obstructive cases do not necessitate operation, and the adenoids, often disappear sponteously. In the case of adenoids, the fault lies partly with the public, for parents ask each other if their children have been "done," as if it were a matter as necessary as vaccination. With regard to the danger of this excessive operating, in 1896 statistics were published showing that in two years and a quarter, eleven deaths were reported after operation for adenoids, most of which were consequent upon the practice of obliging the anesthetist to perform his duties with the patient in the sitting posiure. Next to the adenoids, perhaps operations on the nose come into the question. No one can object to a nasal spur, or other material obstacle which causes serious obstruction to breathing being removed, but every slight deviation or spur of the nasal septum does not require the saw, nor every puffiness of the turbinate bones the cautery.—Medical Press and Circular.

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APRIL, 1902

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Vaccinate

The Sentinel feels that at the present time the duty of each physician to the community in which he resides should compel him to advocate in the most strenuous manner thorough vaccination of all unprotected individuals, and to urge upon the people the necessity of this not only as a protection to the individual himself, but as a protection to the other members of the community. Throughout the entire Pacific Northwest, small-pox in a mild form is prevalent. Occasionally among these mild cases, one of old time severity arises, and it is impossible to tell how soon, should the surrounding conditions be suitable, a whole family or a whole locality might exhibit the disease in a severe form.

Formerly the disease was limited to the transient members of the various communities, and prompt isolation, disinfection and vaccination ended its existence at once. But lately, chiefly through the increased amount of the disease among the transients, its spread has been noticed among the stationary members of society, in the family and in the school. This fact renders more urgent than ever the necessity for energetic measures for its extinction.

Since the disease has to a small degree shown this tendency to

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spread into the family, it becomes at once the duty of every family physician to use his influence, which in most cases amounts to absolute authority, in securing protective vaccination. A task of this kind, which is comparatively easy through the efforts of the family physician, becomes one that meets very, very frequently with the most violent opposition when the subject is broached by the municipal authorities.

For those who close their eyes to the benefits of vaccination about them, and refuse to accept the conclusions of the most advanced investigators, based on data which reaches back to the immortal Jenner, there can be but one method of procedure, and that is to compel them to become vaccinated as a protection to the rest of the community. The Christian Scientist, to whom disease is but a constipated idea; the fakir, who protects by administering a vaccine or serum by mouth; the fanatic, to whom disease is but the administration of a gentle rebuke by an offended Deity; these and all other of their morbid persuasion, must be compelled, by the stern hand of the law, to lay aside for a time their peculiar delusions, and accept that purification from small-pox that vaccination alone can give. Now is the time for the profession at large, working hand in hand with the specified health officers of their respective localities, to stamp out the present epidemic, and create such an increased resistance to this disease as to prevent future occurrences of like nature.

NOTES

Good Samaritan Hospital, Portland, Oregon.

The Sentinel acknowledges the receipt of the Annual report of the Board of Hospital trustees for the year ending May 31st, 1901, and notes the remarkable amount of work which is being done. During the year 1338 patients were admitted and the total number of days' care given was 29,767.

The following is a list of the diseases treated: Infectious diseases, 160; general constitutional diseases, 54; diseases of the vascular system, 29; of the respiratory system, 32; of the digestive system, 185; of the nervous system, 52; of the genito-urinary system, 104; of the uterus and appendages, 304; diseases of the organs of special sense, 46; of the skin and its glands, 28; poisoning, 6; obstetrical cases, and diseases incident thereto, 70; unclassified diseases, 94; surgical cases, including contusions, wounds, abscesses, ulcers, gangrene, burns, scalds, fractures, luxations, sprains, concussions, and the various diseases of the bones, joints and their adnexa, 260.

The progress that has been made in the way of additional new buildings, has greatly increased the working facilities of the hospital, besides adding immensely to its sightliness as an institution for the sick.

The American Association of Urologists.

The American Association of Urologists was organized on February 22, 1902, essentially for the purpose of further development of the study of the urinary organs and their diseases. Althought most of the founders of the

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association are specialists in genito-urinary diseases, membership is not limited to those engaged exclusively in this specialty. Thus gynecologists, who embrace renal and vesical surgery in their work are among the founders, as are also several gentlemen who devote themselves to the microscopy and chemistry of the urine, as well as a number of practitioners interested in the study of the kidney from a medical standpoint. The association consists of active, corresponding and honorary members, and is partially modelled upon the plan of the Societe Francaise d'Urologie, modified to suit American circumstances and conditions. Whenever possible, the branch associations throughout the United States, British Possessions and Spanish America, will hold their meetings on the same evenings as does the parent association in New York (the first Wednesday in each month.) The work of the association is principally clinical, for the demonstration of new methods in the technique of examination and treatment. The annual meeting of the American Association of Urologists will be held on the last day and the day following the annual meeting of the American Medical Association. The officers of the association are: Ramon Guiteras, M. D., president; Wm. K. Otis, M. D., vice-president; John Van der Poel, M. D., treasurer; Fred C. Valentine, M. D., secretary; A. D. Mable, M. D., assistant secretary.

Parke Davis and Company on the Right Track.

Parke Davis and Company have adopted a system in their Detroit house, which if conscientiously followed by all the vast business interests of the country, would solve at once the question concerning the relation of capital to labor, and result in increasing the benefits of both.

This firm proposes to issue 4000 shares of its capital stock and permit the oldest of its employes, especially those occupying positions of trust, to purchase it at $50 per share, the market value being $70, and the face value $25 per share.

Voluntary Commitment Law of Connecticut.

Chapter 230, Section 3690, General Statutes of Connecticut reads as follows:

"The manager, trustees or directors of any inebriate asiyum established by the laws of this state may receive any inebriate or dipsomaniac who shall apply and be received into such an asylum, retain him one year and treat and restrain him in the same manner as if committed by the Probate Court."

Montana State Medical Association.

The next meeting of the association will be held at Anaconda, Montana, May 21st and 22nd, and a most interesting session is expected. A large attendance is assured, and the fraternal spirit of our Montana brothers will be abroad as usual. Dr. B. C. Brooke of Helena is secretary from whom all necessary information can be obtained.

Washington State Medical Society.

The Washington State Medical Society is making preparations for the most interesting session in its history in Tacoma, June 24, 25 and 26 next. It is making special efforts to secure the attendance of eminent men from outside of the state and among those who have promised to attend and deliver lectures, read papers and take part in the discussions are Prof. Simon Flexner, pathologist,

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Philadelphia; Prof. Arthur D. Bevan, surgeon, Chicago; Prof. Webster, gynaecologist, Chicago; Dr. McMonagle, gynaecologist, San Francisco; Dr. Watkins, Orthopaedist, San Francisco. Besides the above many prominent men in the profession from Oregon, Montana, Idaho and British Columbia, and its own state will be on the program.

Library for Medical Society.

The City and County Medical Society of Portland, has so far secured about $400 library fund. With this, and the volumes pledged by the different members a very respectable beginning will be made, and in the near future a well stocked reference medical library will no doubt be maintained.

Meat Inspection.

The City and County Medical Society of Portland, Oregon, was favored recently by an instructive address on the inspection of food products, especially meat and milk, by Dr. E. N. Hutchinson, of the Bureau of Animal Industry. Dr. Hutchinson is pre-eminently the closest student of this particular subject in the Pacific Northwest and the methods outlined by him will no doubt form the basis of the actions on the part of the medical profession of Portland to secure better food inspection laws.

King County (Wash.) Medical Society.

At the postponed annual meeting of this society which was held at Seattle, February 17th, the following officers were elected:

President, Dr. David A. Mitchell; vice president, Dr. G. H. Randell; secretary, Dr. Guy S. Peterkin; treasurer, Dr. W. T. Miles.

Wyoming State Medical Society.

The officers of this society are: Dr. G. G. Verbryck, Salt Lake, Utah, president; Dr. S. D. Miller, Laramie, Wyo., vice president; Dr. C. H. Solier, Evanston, Wyo., secretary and treasurer.

The next meeting of the society is to take place at Cheyenne, Sept. 9 and 10, 1902, in joint session with the Rocky Mountain Interstate Medical Association.

Dr. A. J. Sporry, a practising physician of Portland, Ore., died at his home in this city, March 16, 1902, of Aortic Aneurism, after an illness of nearly a year's duration. Dr. Sporry was born in Switzerland and was 41 years old at the time of his death. He had practiced in Portland for about 17 years. He leaves a host of friends both in and out of the profession to mourn his untimely death in the prime of life. Dr. Sporry was a most companionable man, a faithful friend and husband and a most honorable and conscientious physician. The funeral services were held March 18th under the auspices of the local lodge of Elks, of which he was a prominent member.

MEDICAL SOCIETIES

City and County Medical Society.

The regular meeting of the City and County Medical Society was held in the Dental College, Portland, Oregon, Dec. 18, 1901, Dr. Harry Lane presiding. Present: Drs. Amos, Bell, Binswanger, Bristow, Coffey, Connell, H. C. Fenton, Geary, A. H. Johnson, E. D. Johnson, Kirkpatrick, Labbe, Moore, A. E. Mackay, H. F. Mackay, Rand Saylor, G. F. Wilson, Yenney and Zan.

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Visitors: Drs. Cobb, Gilbert, Marsh and Woods-Hutchinson.

The paper of the evening, namely, "The Method of Spread of Infectious Diseases," was read by Dr. Cobb. After the doctor had explained that the lateness of the call prevented him from preparing a regular paper, he referred to some of the details of the work done by himself and Dr. Wheeler in 1892, organizing quarantine arrangement for "the Oregon Port of Entry." He explained that previous to that date, conditions were very favorable to the spread of infectious diseases. The main object of the paper was to show that infectious diseases, like the exanthemata, obtained entry by way of inhalation into the lungs where the pathogenic germs develop and form colonies, their products becoming absorbed causing the symptoms. In support of this view the doctor referred to the symptoms complex of various diseases, such as small-pox, scarlet fever, diphtheria and anthrax, in relation to their so far pathological, bacteriological, post-mortem data and experimental work. It was stated that although each of them existed as distinct diseases apart from each other, still the symptoms and circumstances under which they were found were very suggestive of a common port of entry; and furthermore some of them were found frequently associated, and in nearly all of them there was more or less pulmonary involvement. He also tried to show that on the principle of exclusion it was difficult to conceive, as for instance in a case of smallpox, any other way by which the infection entered the system than by inhalation through the lungs, and it was now becoming well known that the post-mortem was highly suggestive of the presence of colonies being formed there. It was shown that no matter where the pioson, of, for instance anthrax. was introduced into the body lesions were found in the spleen and furthermore patients dying of diphtheria presented post-mortem lung lesions.

At the request of the chair, Dr. J. C. Zan opened the discussion. He said that he was very much interested in the theory presented by Dr. Cobb and he believed that the circumstances symptoms of small-pox strongly supported the theory presented.

Dr. O. S. Binswanger said that he was very much impressed by the theory deduced by Dr. Cobb and he admitted that the facts and statements upon which it was based were very convincing, but he still thought that the doctor had failed to prove his hypothesis. Pneumonia had been referred to, but it was well known that exposure, while it may invite, does not produce that disease. Diphtheria had also been referred to, but the membrane of that disease may be present in several parts of the body, and to the eye the lungs may present no evidence of symptoms. A tubercular process may be present in the bones and joints and the lungs present no clinical symptoms. The doctor had advocated, it being the practical outcome of his theory that rooms should not be swept, but wiped. He believed that the best method was to fumigate with formaldehyde.

Dr. Woods-Hutchinson said that the views expressed by Dr. Cobb were of great interest to him personally, because they were similar to his own. The great question was, what was the value of the proof? This was very difficult to determine; has diphtheria ever been demonstrated in the lung post-mortem? He had long regarded the lung as the place of least resistance to the settlement and development of pathogenic germs and should imagine it to be equally susceptible as a port of entry. He did not understand the doctor to say that it was always

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the port of entry, but it was to a greater extent than usually imagined. One thing pointed out by the doctor very plainly was, that the point of multiplication of disease germs in the body had no necessary connection with the port of entry. This was strikingly illustrated by tuberculosis.

Dr. E. P. Geary said that the paper was most interesting and practical, presenting many important facts in a new light. He had known death to occur from scarlet fever without any eruption. Reference had been made to wiping. He remembered in his reading observing statements made that the Jews are immune from tuberculosis, because as a rule they wipe instead of dust.

Dr. Geo. F. Wilson agreed that the subject was interesting. He took up the same position advocated by Dr. Binswanger. The doctor drew attention to the fact that venereal diseases are very infectious and are not accompanied by lung lesions.

Dr. J. H. Bristow discussed scarlet fever and its associated throat symptoms.

Dr. A. E. Mackay said that the air passages are the primary site in many diseases but he also believed they select other points ultimately; he would like to remind the meeting that the air is not always a medium of infection.

Dr. Cobb, in closing the discussion replied at some length to the criticisms passed upon his remarks, emphasizing in greater detail what he had already referred to. His paper had only dealt with the diseases by way of air, he had purely included those spread by dust and water.

Dr. Woods-Hutchinson member of the committee who were to confer with the Portland Library Association, reported that they had had a conference with the directors of the association and as a result of this it seemed probable that an arrangement could be made along the following lines. In the presentation of books to the Portland Library, the library agreed to hold them as a public reference library and such parts of them as were suitable as a circulating library for the members of the City and County Medical Society. They also agreed to have these books placed in a alcove specially set apart. After some discussion, Dr. E. P. Geary moved that it be accepted, the motion was duly seconded and carried, and the committee was authorized to conclude the arrangements in accordance with the report.

A. D. MACKENZIE, M. D.,
Secretary.

Multnomah County Medical Society.

The regular monthly meeting of the Multnomah County Medical Society was held at the Marquam building, March 4th, at 8:15 P. M., President J. T. Walls in the chair.

The minutes of the previous meeting were read and approved. Dr. L. Victoria Hampton reported a case of poisoning in a child 9 years of age, showing all the symptoms of strychnia poisoning as tonic and clonic convulsions, quick and deep respiration and a little rise in temperature. Upon closer investigation the doctor found that the poisoning was due to analine dyes used on colored Easter eggs of which the child had eaten, the coloring plainly appearing on the outer surface of the white of the egg.

Dr. J. W. Morrow presented a specimen of placenta succenturiata which was delievered three days after a normal case of labor at which time the doctor found upon examination that the placenta appeared to be fully intact. The placenta succenturiata was in the shape of triangle, the base of which consisted of a soft friable mass stimulating a large blood clot,

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while the apex appeared to be of real placentel tissue.

Dr. E. N, Crockett then read a paper on "The Surgical Features of Labor," laying especial stress upon the necessity of the successful surgeon accoucheur possessing a thorough knowledge of all the conditions in which it is impossible for labor to terminate successfully by nature's forces alone. The doctor stated the various conditions, which in his opinion, justified surgical interference; as contracted pelvis, cardiac diseases, inertia of the uterus, eclampsia, placenta previa, etc.

Speaking of the usual methods the doctor favors Caesarian section as a necessity in contracted pelvis. Symphysiotomy he completely condemns. Version as a procedure, antedating forceps by many generation he considers the most preferable method in many cases. In placenta previa he favors podalic version, citing two successful cases in his own practice, one being marginal and the other lateral where both mother and child were saved.

In speaking of forceps and while generally endorsing their use the doctor deprecated the use of heavy forceps in conjunction with brute force, citing instances where serious laceration had resulted therefrom and one case especially where the patient was lacerated clear through the spincters showing a longitutinal cut in the rectum 2½to 3 inches long. Regarding placenta he carefully satisfies himself that the uterus is clean by searching with an aseptic hand as soon as the child is cared for.

In the general discussion ensuing, the author of the paper was highly complimented upon the able presentation of the subject.

Dr. W. F. Hubbard while coinciding with the author's views on the use of forceps suggested that the aseptic hand was frequently of service in dilating the perineum.

Dr. Chas. E. Hill advises a stitch in the perineum after every case of labor irrespective of outward appearances, holding, that frequently there is a laceration of the pelvic floor present in spite of the integument and mucous membrane being apparently in perfect condition. Citing a case in his own practice where the patient showed no outward signs of laceration while he subsequently found almost a complete laceration of the underlying tissues.

Dr. J. W. Morrow deprecates the free use of forceps advising the exercise of more patience on the part of the attending physician before resorting to any instruments.

Dr. L. Buck, while endorsing the author, otherwise expressed himself to the effect that Dr. Crockett did not touch upon a possible mode of preventing laceration of the cervix.

In closing and in reply to Dr. Buck, Dr. Crockett stated, that, while a laceration of the cervix could not at all times be prevented still, with the exercise of proper care and the administration of anesthetics where indicated the frequency of laceration of the cervix should be considerably lessened.

Dr. Hicks Fenton then read a paper on, "Some Observations on the Treatment and Prevention of Catarrhal Deafness in Children." After some remarks on the responsibilities of the general practitioner in regard to early attention and preventative treatment, as it is he who sees the case early and therefore can do the most good. The doctor ably outlined the etiology of the disease. The symptomotology and treatment were fully deliberated on.

The doctor received the unanimous appreciation from all the members present for his able presentation of the subject.

The hall comittee reported having

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secured the rooms of the Portland Whist Club for the term of one year.

Upon a motion regularly seconded, the secretary was instructed to send a notice of all future meetings to every regular physician in the county.

The meeting then adjourned.

A. TILZER, M. D.,
Secretary.

Multnomah County Medical Society. Supplementary Notice of Meeting.

Owing to the graduating exercises of the Medical department of the University of Oregon, to take place April 1st, the meeting of this Society is postponed until Thursday, April 3rd, at 8:15 p. m.

A. TILZER,
Secretary.

Chehalis County Medical Society.

A special meeting was held at the parlors of the Hoquiam Hotel, Tuesday, March 4, at 8 p. m. The following members being present: J. W. Scamell, G. W. Overmeyer, D. A. Schumacher, M. L. Pearson, M. R. Stapp, A. J. McIntyre, H. W. Wells, Chase and French.

An interesting session ensued and the following papers were read and discussed: "Symptoms, Pathology and treatment of Dislocation of the Hip Joint," by Dr. D. A. Schumacher. "A Short History of Modern Medicine," by Dr. G. W. Overmeyer. "Alkaloidal Medication," by Dr. M. L. Pearson. "Rupture of the Bladder During Operation for Pyo-salpinx," by Dr. J. William Scamell. "Small-pox," by Dr. H. Wells. "Endocarditis following Lobar Pneumonia," by Dr. M. R. Stapp.

J. WM. SCAMELL, M. D.,
Secretary.

BOOK REVIEW

Saunder's American Year-Book. The American Year-Book of Medicine and Surgery for 1902. A yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs, and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A. M., M. D. In two volumes—Volume 1, including General Medicine, Octavo, 700 pages, illustrated; Volume 2, General Surgery, Octavo, 684 pages, illustrated. Philadelphia and London: W. B. Saunders & Co. 1902. Per volume, cloth, $3.00 net; Half Morocco, $3.75 net.

The plan of issuing the Year-Book in two volumes has was commenced two years ago and has been followed this year, one of the volumes being devoted to medicine and the other to surgery. Each volume is handsomely bound and of convenient size, and the book work most excellent.

General Surgery is considered by Drs. DaCosta and Gibbon; Anaesthetics by Drs. Hirst and Dorland; Gynaecology by Drs. Baldy and Dorland; Orthopedic Surgery by Drs. Gibney and Waterman; Opthalmology by Drs. Hansell and Reber; Otology by Dr. Burnett; Diseases of the Nose and Larnyx by Drs. Ingals and Ohls; and Anatomy by Dr. Hamann.

The contents of the volume on medicine are furnished by authors especially qualified for their particular work. General Medicine is under the direction of Drs. Stengel and Edsall; Pediatrics, Drs. Starr and Hand;

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Pathology and Bacteriology, Drs. Riesman and Kelley; Nervous and Mental Diseases and Syphilis, Drs. Duhrring and Hartzell; Therapeutics, Drs. Wilcox and Stevens; Physiology, Dr. Stewart; Legal Medicine, Dr. Johnston; Hygiene, Dr. Abbott; Physiologic Chemistry, Dr. Jones.

The subject matter in each instance is carefully selected from leading journals, monographs and text-books, and represents the true digest of the year's work. Besides this is also contains valuable criticisms and additions by the editors which greatly enhances its value. There is hardly a subject in medicine or surgery but what receives attention, making the volume of use not only to general practitioners but to specialists as well.

The Standard Medical Directory of North America, consists of Twelve Parts, including Directory of Physicians of North America, Medical Colleges, Medical Service of the United States, Medical Societies, Medical Practice Acts, Medical Publications, (including Books and Periodicals) Mineral Springs, Drugs and Medicines, Medical and Surgical Products, Manufacturers and Life Insurance Companies. Handsomely bound in red buckram, 824 pages, imperial octavo. Price, $10.00. G. P. Engelhard & Co., Chicago.

The publishers have spared no expense in making this a complete book in every detail, and those desiring a thorough and accurate Medical Directory can secure no better. The contents are arranged in alphabetical order and the work on the books shows the greatest care and thoroughness.

Syphilis, a Symposium. special contributions by L. Duncan Bulkley, A. M. M. D.; Folden Cabot, Jr., M. D.; Louis A. Duhring, M. D.; Prof. Fournier, M. D.; Eugene Fuller, M. D.; E. B. Gleason, M. D.; William S. Gottheil, M. D.; Robert H. Greene, A. M. M. D.; Norman B. Gwyn, M. D.; Orville Horwitz, M. D.; Edward L. Keyes, M. D.; G. Frand Ldyston, M. D.; D. J. McGrathy, M. D.; Thos. G. Morton, M. D.; Boardman Reed, M. D.; A. Robin, M. D.; J. D. Thomas, M. D. E. B. Treat & Co., 241-243 West Twenty-third St., New York. Price, $1.00.

These articles appeared originally in the International Medical Magazine and form a most interesting and instructive series. The subjects are presented by eminent authors and present many features not found in the ordinary text books on the subject. Syphilis in its various phases, its differential diagnosis and treatment are considered fully, making the little volume of 120 pages one of the most valuable short works of its kind presented to the profession.

A very timely Treatise on Small-pox to sell at $3.00 is announced for publication early in April by J. B. Lippincott Company. It is written by Dr. George Henry Fox, Professor of Dermatology in the College of Physicians and Surgeons, New York City, with the collaboration of Drs. S. Dana Hubbard, Sigmund Pollitzer, and John H. Huddleston, all of whom are officials of the Health Department of New York City and have had unusual opportunities for the study and treatment of this disease during the present epidemic.

The work is to be in atlas form, similar to Fox's Photographic Atlas of Skin Diseases published by the same house. A strong feature of the work will be its illustrations, reproduced from recent photographs, the major portion of which will be so colored as to give a very faithful representation of typical cases of Variola in the successive stages of the disease,

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also unusual phases of Variola, Vaccinia, Varicella, and diseases with which Small-pox is liable to be confounded. These illustrations number thirty-seven and will be grouped into ten colored plates, 9½x10¼ inches, and six black and white photographic plates.

The names of Dr. Fox and his associates assure the excellence of the work, in which he describes the symptoms, course of the disease, characteristic points of diagnosis, and most approved methods of treatment.

Compend of General Pathology, by Alfred Edward Thayer, M. D., assistant in Gross Pathology, Cornell Medical College; Pathologist to the City Hospital. Containing 78 illustrations, several of which are printed in colors. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price, 80 cents.

This little work deals with the salient points in Pathology in a way that appeals at once to the needs of the student and of the practitioner who desires to get a rapid bird's eye view of the entire subject, or who wishes to refresh his memory on the important features of this subject. Its arrangement is practically the same as larger works, but much needless descriptions and controversial discussions are omitted. We cannot too highly recommend its use as an auxiliary to larger and more complete text books.

"The Progress of the World."

Subscribers often write that Dr. Albert Shaw's editorials in the opening department, "The Progress of the World" are alone fully worth the subscription price of the magazine. Here the editor gives in connected paragraphs, illustrated with timely pictures and cartoons, an account of what the world, and particularly America, has been doing during the past. The political situation is impartially explained, international happenings are chronicled, great economic movements discussed—in short, the news of the month is given to readers in a form that leaves events and personalities in their right proportion in the readers' minds.

What is the "American Monthly?"

The American Monthly Review of Reviews is the one important magazine in the world giving in its pictures, its text, in its contributed articles, editorials and departments, a comprehensive and timely record of the world's current history; not the enumeration of mere, bare facts, but a comprehensive picture of the month, its activities, its notable personalities, and notable utterances.

Literary Notes.

Leslie Stephen's article on Robert Louis Stevenson, which The Living Age for February 22 reprints from The National Review, is one of the most just and discriminating and at the same time one of the most brilliant appreciations of Stevenson in recent periodical literature. The final work about Stevenson is perhaps yet to be written, but when written it will not be greatly unlike this.

The leading article in The Living Age for February 22 on "Anglophobia in Germany" is an almost startling revelation of the extent to which the prevailing antipathy to the English is carried in Germany. There is fast coming to be a dangerous tension between the two peoples.

"The Anglo-Saxon Society Woman," which is the leading article in The Living Age for March 1st, is a keen and clever article in Blackwood's best vein, in which the English society woman and her American cousin are graphically portrayed. A more serious

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but not less interesting article on "The Progress of Women" will open the following number of the magazine. The latter article is from The Quarterly Review.

Baron Pierre de Voubertin has written a striking chartcter sketch of M. Delcasse, the French Minister of Foreign Affairs and one of the strongest personalities in the Waldeck-Dousseau Ministry, which The Living Age for March 8 will publish.

Punch has given us nothing better in the form of biting satire for a long time than the poem, "The Children's Bread," which The Living Age reprints in its issue for March 1.

Mr. Masterman's striking though painful article on "The Social Abyss" in The Living Age for March 1, shows that substantially the same ratio of abject and hopeless poverty exists in a comparatively small provincial city like York as in London itself; and suggests the conclusion that more than one-fourth of the town populations of the United Kingdom are living in a poverty so extreme as to fall below the provision estimated to be necessary for the bare support of life.

Literary Notes.

The Constitution of the United States of America has put a new meaning into the word citizenship. The high ideas of the fathers of our country have laid the foundations of good citizenship in such a way that the industrious, high-minded, ambitious men and women of all nations have flocked to our shores. The present prominence of our nation among the nations of the world and its new fields of usefulness and power have given to American citizenship a fresh inspiration toward true living and great accomplishment.

The high sentiment of our Chief Executive in his address, "The New Citizen," printed in the Youth's Companion, are fittingly published in the Washington's Birthday number. George Washington, by his pure life and wise conservatism and ambition for the new country, fairly won his title of Father of his Country. Theodore Roosevelt, the best exponent of our twentieth century activity, has equally high ideas for the nation; and in this address and in his life he lays particular stress on the individual, his stewardship, his usefulness in home and public life.

Washington and Lincoln led our nation over its most difficult paths. It has been left in recent years for such men as Theodore Roosevelt to embody the highest ideals of private and public citizenship.

Treatment of Ascites.

Dr. A. H. Bigg considers elaterin a very valuable drug in the treatment of ascites, providing it is used in a suitable combination like the following:

℞ Elaterin gr 1-15
Strychinine sulp gr. 1-40
Spt. glonoin gr. 1-200
Ext. digitalis gr. ¼
Caffein gr. j
Powd. cloves gr. j

M. ft. in caps. No j. Sig. Give one every three to six hours.

The author says that he would boldly attack any case of ascites with the above combination with the confident expectation of rapidly removing the fluid without material discomfort and with no risk whatever to the patient. Where there is a tendancy to nausea, one-eighth grain of cocaine or the temporary substitution of cocaine for the digitalis may be advisable. The treatment must be pushed vigorously so as to cause four to six copious evacuations until relief is obtained.—Medical Record.

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Rupture of the Uterus.

Varnier (Rev. de Gynec. et de Chir. Abd., September-October, 1901) publishes twenty-three personal observations collected between 1885 and 1901. He divides them into two groups:

1. (1885 to 1897) Eleven cases of rupture of the uterus treated from below, that is to say, deliverey of the child and placenta by the natural passages, followed by plugging. The appalling result of ten deaths to one recovery is recorded.

2. (1897 to 1901) Twelve cases, out of which six were treated from above by an exploratory and reparatory operation on the uterus; three recovered. In six remaining cases death supervened too early to allow of preparations for abdominal section. Varnier, on the above experience, insists that the extent of the rupture and its completeness or incompleteness can never be safely defined by palpation alone; an exploratory operation is, therefore, always needed. When the abdomen is opened, conservative treatment is to be rejected. The laceration of tissues interferes with repair, and, even when the uterine wound cicatrises well, there will be danger of rupture through the scar during the future labor. The scar in this kind of case is different from the scar of the clean-cut wound through healthy tissues after a successful normal Cesarean section. Either Porro's operation should be practised in a case of ruputure, or else retroperitoneal hysterectomy with carerul suturing of the torn peritoneum as well as of the flaps of the uterine stump. The scar should be kept against the abdominal wall and the vagina plugged. Pinard discussed Varnier's memoir, which was read at a Congress at Nantes in September, 1901. He considered that rupture of the uterus was always grave, whatever the subsequent treatment. In some cases the symptoms are ill-marked, the patient being a little restless and the pulse rapid. Even after rupture there may be no flooding, and the uterine contractions may continue and deliver the child and placenta spontaneously. The mildest-looking cases may end fatally if treated from below only or "expectantly." In short, Pinard insists that when once rupture of the uterus is diagnosed abdominal section is indicated.—B it. Amer. Jour.

Small-Pox Therapy.

The prevalance of a mild type of small-pox throughout the country gives the therapy of that disease especial interest at the present time. Vaccination is, of course, unquestionably not to be overlooked as a preventative measure, but in addition infection may be made much more unlikely and, where infection has taken place, the course of the disease considerably shortened and shorn of its terrors by the administration of the valuable anti-purulent ecthol. The Battle Company has just issued a phamphlet dealing with the use of ecthol in this disease. The pamphlet should be in the hands of every physician who makes the request.—Medical Fortnightly.

Surgeons throughout the Northwest will be pleased to know that the well known house of Woodward, Clarke & Co., have just added to their extensive lines a complete stock of surgical instruments, office furniture, orthopaedic appliances and dressings coupled with their present magnificent lines of physician's supplies they offer to the practitioner a most certain and reliable source for all his needs at the popular prices which have made the house justly famous.

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PERSONALS.

Dr. C. E. McCoy, of Belgrade, has located in Butte.

Dr. L. M. Sims, of Kalama, Wash., was in Portland recently.

Dr. C. S. Moody, of Greer, has located at Landpoint, Idaho.

Dr. W. W. Taylor, of Butte, is still unable to resume his duties.

Dr. L. P. McCalla, of Boise, Idaho, was a recent Portland visitor.

Dr. C. H. Wheeler, formerly of Colusa, Cal., has removed to Redding.

Dr. Black, of Vancouver, was a recent visitor in Kelso, Washington.

Dr. Thos. Ryall, formerly of Skyland, Calif., has moved to Chicago, Ill.

Dr. W. S. Chenoweth, of Aberdeen, Washington, has located in Sprague.

Dr. J. C. Sullivan, has moved from Oxford, Idaho, to Malad City, Idaho.

Dr. T. Ryall, formerly of Skyland, California, has moved to Chicago, Ill.

Dr. A. E. Severance, formerly of Spokane, has moved to Seattle, Wash.

D. Otto Meeseman, formerly of Portland, has moved to Milwaukee, Wis.

Dr. J. D. McAtee, formerly of Malad City, Idaho, has moved to Blackfoot, Idaho.

Dr. B. R. Hubbard, formerly of Seattle, has moved to Los Angeles, California.

Dr. J. R. Smith, of Vancouver, Wash., has been elected county physician.

Dr. S. C. Slocum, of Portland, has been visiting his parents in Roseburg, Oregon.

Dr. W. O. Spencer, formerly of Malad, Idaho, has located in Huntington, Oregon.

Dr. J. W. Walsh, post surgeon at Fort Canby, was a recent Astoria visitor.

Dr. Brethour, of Hamilton, Montana, was recently called in consultation to Missoula.

Dr. Ezra Brooks, formerly of Forest, Cal., has for some time been located at Bodie, Cal.

Dr. Teuax, surgeon at Fort Flager, was a recent visitor in Port Townsend, Wash.

Dr. W. F. Morrison, of Spokane, was a recent visitor in North Yakima, Washington.

Dr. A. R. Timmerman, recently of La Junta, Colorado, has moved to Los Anamo, Colo.

Dr. Moore, of Baker City, Oregon, is visiting his mother and sister in Helena, Montana.

Dr. M. E. A. McKechnie, of Seattle, was in Portland recently on professional business.

Dr. E. H. Belyea, who recently located in Sunnyside, Washington, is meeting with success.

Dr. J. F. Calbraith, superintendent of the State Insane Asylum, was in Portland recently.

Dr. H. E. McIntyre, formerly of Bonner's Ferry, Idaho, has moved to Deer Trail, Wash.

Dr. L. W. Harris, of Eugene, Oregon, was recently in Portland, on professional business.

Dr. D. A. Schumacher, a recent graduate of Rush Medical College, has located in Aberdeen.

Dr. McLennan, of Nelson, B. C., was duly sworn in and officially assumed his duties as health officer.

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Dr. Jean C. Chandler, of Spokane, was recently called to Paso Robles, Cal., to attend a very sick patient.

Dr. C. A. Cordiner, of Astoria, Oregon, has taken the oath of office and been duly installed as City Physician.

Dr. J. L. Hill, who has been spending several weeks in San Francisco, has returned to his home in Albany, Oregon.

Dr. G. R. Wells, of Livingston, Montana, was recently called in consultation with Dr. W. A. Moore, to Big Timber.

Dr. O. F. Demorest, of Lakeview, was recently in Ashland, en route to visit friends in the northern part of the state.

Dr. David Wall of Vancouver, Wash., has gone to California for a year. The doctor has resided in Vancouver 44 years.

Dr. Jasper D. Faulkner, of Spokane, Wash., was found dead in bed. He had been suffering from sometime with rheumatism.

Dr. Schon, of Greenwood, B. C., has been appointed medical health officer for the Kettle River mining division, vice Dr. Jakes resigned.

Dr. Fred R. Bowersox, formerly of Salem, has been appointed railroad surgeon for the Southern Pacific Company at Glendale, Oregon.

Dr. J. H. Carney, of Sheldon, Washington, has returned from Skagit county, where he had been called by the serious illness of his son.

Dr. Wilson Johnston, of Colfax, Wash., expects to leave in the early part of April for New York, where he will take a post-graduate course.

Dr. D. U. Reber, of Butte, Montana, has gone to New York city to take a post-graduate course in medicine. He will return in the spring and resume his practice.

Dr. J. H. Dividson, of Virginia City, Montana, has located in Hardeman, Missouri, where he will take the place left vacant by the death of the late practitioner.

Dr. Edna D. Timns, who left last July for post-graduate work in Vienna, returned to Portland, Oregon, and has resumed practice in her offices, 706 Marquam Biulding.

Dr. W. James Howells, of Spokane, has been selected to succeed Dr. J. D. MacLean as superintendent of the Eastern Washington hospital for the insane at Medical Lake.

Dr. L. M. Boswell, of Colfax, Washington, was recently called to Portland, Ore., by a telegram announcing the illness of his daughter, Catherine, who is attending school there.

Butte City health physicians quarantined against the small-pox, resulting in the commissioners sending Dr. A. P. O'Leary to the contagious hospital at salary of $500 a month.

Dr. W. E. Carll was re-appointed a member of state board of medical examiners by Governor Geer. The term of appointment is for five years. He has already held that place for a number of years.

Dr. Ed. E. Maxey, formerly of Caldwell, Idaho, has disposed of his practice in that city to Dr. J. J. Hamilton of North Dakota, and has gone to Boise, where he has entered into partnership with Dr. L. P. McCalla.

Dr. J. H. Morton, who practiced medicined in Nez Perce, Idaho, in 1898 and 9, was accidently drowned in the Sacremento river March 2nd. In the boat with Dr. Morton were four companions, all of whom met the same fate.

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Dr. Thomas W. Musgrove, formerly of Puyallup, Wash., and who removed from there to California some time ago, for the benefit of his health, has returned to Washington again, very much improved. He is going to locate at Mission, Washington.

Dr. M. C. Simmons, whose home was in Santa Rosa, California, and who had recently located in Grants Pass, Oregon, died suddenly there of pneumonia. The remains were taken to his home in Santa Rosa. He was about thirty-five years of age.

Dr. A. H. Julian, of Janesville, Cal., died of typhoid-pneumonia, Feb. 21st., in Alameda, having been called there on professional business. The doctor was a man of fine professional attainments and will be greatly missed by the profession and his friends in general.

Dr. E. T. Gibbson, stationed at Ft. Harrison for nearly two years as post surgeon, has received orders to sail from San Francisco on the transport Meade for Manila. He will be the surgeon in charge of the transport, and will be assigned to duty upon his arrival at Manila.

Dr. T. H. Parks, of Ilwaco, dropped dead at his residence in that place on Saturday evening. Heart disease presumably was the cause, as his health had previously been good. He was a member of Industry Lodge No. 8, A. O. U. W., and Americus Lodge No. 1, K. of P., both of Portland. Dr. Parks was well known in Astoria. He was surgeon for the Ilwaco Railway & Navigation Company for many years.

Dr. and Mrs. Holton Curl, nee Miss Nan McLaughlin, who were married in San Francisco, Tuesday, February 25, are in Tacoma visting Dr. Curl's parents, Mr. and Mrs. E. N. Curl, of 1023 North K. street. Dr. Curl is a surgeon in the United States navy and has just completed a three year term of duty in the Philippines. He will go from Tacoma with his bride to report at Washington and to await further orders.

The Treatment of Rickets.

The diet in rickets is of first importance. If this were carefully looked to the majority of cases could be cured without medical treatment. From a study of the stools one can generally tell whether the food is at fault and what element of the food is the cause of the trouble. It is not the number, but the chracter of the stools which must be considered; normal stools are always homogenous, like mush.

It is an invariable rule, if the body is ailing to weaken its food, reduce the amount and stop the food the baby cannot digest. In 99 cases out of 100 it is milk. Instead of varying the percentage, reduce the amount of milk or stop it altogether for 48 hours, in the mean time giving water. The white of one egg beaten up in 8 ounces of water and flavored with 10 to 20 drops of aromatic spirits of ammonia is a good substitute and contains about the same percentage of proteids as does the milk. The ammonia has a slightly stimulating action on the stomach. Barley water, or thing wheat flour gruel are often useful substitutes. For a baby six months old, a tablespoonful of beef blood in 3 or 4 or water may be given. When the baby is age put upon milk, begin a very high dilution and increase gradually.—Henry D. Chapin (Post Graduate, N. Y., Vol. 16, No. 10.)

Granular Effervescent Magnesium Citrate.

For a purgative effect, take two or more tablespoonfuls added to a small glass of water, and drink while effervescing. As a laxative, one or two tablespoons taken in the same manner.

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MEDICAL SENTINEL

VOL. X MAY, 1902 NO. 5

ORIGINAL ARTICLES

Report of Two Cases of Acute Suppurative Inflammation of the Middle Ear, and a Case of Carcinoma of the Nasal Septum.

By M. A. Hughes, M. D.
Salt Lake City, Utah

Read at the Ninth Annual Meeting of the Idaho State Medical Society, at Pocatello, Idaho, October 3, 1901.

As a preliminary step to the report of two cases which follow, I thought it would not be out of place to make a hasty survey of the leading features in the causation, pathology and treatment of suppurative inflammation of the middle ear. In many instances the cause of the disease is hard to make out, on the other hand, acute coryza, exposure to cold drafts, diving in cold water, the use of the nasal douche, are the cause of these attacks in perhaps a majority of the cases that we meet with. The exanthemata, especially scarlet fever, leaves amongst its sequelae, this as one of the most intractable of all the diseases that the aurist is called upon to treat. The pathogenic germs that are developed in connection with this disease often requires years of persistent treatment to thoroughly overcome and this may require heroic operative interference, in cases that have become chronic before we meet with satisfactory results.

In acute suppurative inflammation of the middle ear the disease is ushered in by a pronounced chill, with violent stinging pain in the ear and radiating toward the temple and sometimes by pulsations and subjective noises. When the inflammation is superficial the pain is of short duration, but in the more profound kind the pain is apt to keep up until perforation takes place. The period from the onset of the inflammation until perforation takes place spontaneously is from a few hours to two weeks, the latter period being rare. I have seen one instance when perforation took place in five hours from the onset of the attack. In the second stage the discharge in the majority of cases continues for several weeks, but appropriate treatment has much to do in curtailing the time that the latter keeps up. In the chronic type of these cases, and as a result of long suppuration we may have polypi of the ear, disease of the attic of the tympanum, mastoid disease, or intracranial complications. In acute suppura-

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tive inflammation the mastoid is frequently involved. Facial paralysis is sometimes present as a result of the erosion, but is not apt to be permanent. The intracranial diseases that are of otic origin are: Cerebral and cerebellar abcess, meningitis in its various types, such as pachymeningitis, lepto meningitis and tubercular meningitis. The sinuses may become involved from septic thrombosis and hemorrhages of a fatal character may supervene. The intra cranial diseases of otic origin will not engage our attention. The diagnosis of purulent inflammation of the membrana tympanum is not difficult. The discharge of a muco-purulent character, the impaired function of the organs, the perforation of membrane, if not apparent to ocular inspection, it can be made out by means of Politzer's air bag. The use of the latter reveals the presence of the opening. The oft-quoted saying of Sir Wm. Wylde will impress upon us the importance of this disease, when we come to regard its prognosis. He said, "When a discharge from the ear exists we never can tell how, when or where it well end, or to what it may lead." The damage to the hearing in these cases depends much upon the structural changes, and upon the size and position of the perforation in the drum-membrane. as well as the source of the discharge. When the attic of antrum forms the site from which the discharge comes it is nearly always of serious moment. In this region the difficulty of removal of the secretion is very great and the danger of entension to the mastoid region and intracranial complications from the absorption became very great. In my experience it is the suppurative inflammation of the middle ear that develops with, or as a sequelae to, scarlet fever, that offers the greatest resistance to treatment, and it is from this source that we find those serious complications of the attic mastoid and intracranial region. The lowered condition of the little patient's vitality and the feeble powers of resistance to the pathogenic germs makes scarlet fever a justly dreaded disease, because of its many sequelae, and of all these none is more to be dreaded than those we are now considering. In the treatment of diseases of the ear it would take more time and space than I now have at my disposal, were I to go into detail. A synopsis of this, however, may not be out of place. In the early stage it would not be out of place to try leeching in patients of a robust type. In an adult two leeches applied to the mastoid and one in front of the tragus will often give marked relief. In patients already debilitated by exhausting disease this method of treatment would not be advisable. Hot applications are often very useful and these can be applied by means of the rubber bag. In the absence of the latter a sponge or folded towel dipped in hot water may be made use of. Relief is often given by syringing the ear with water as hot as can be borne by the patient, medicated solutions such as belladonna and opium, a few drops of which may be instilled into the ear. Blisters are of doubtful efficacy. Internal sedatives will be found necessary when the pain is great, and then morphia or Dover's powder will be the ones likely to be chosen. Should the pain persist it will be advisable to hasten relief by puncturing the drum membrane. This should be done by means of a harpoon shap-

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ed-knife, with handle at an obtuse angle to the blade. With the ear well cocoainized the point selected for puncture should be at the lower and outer quadrant in the facial portion of the membrane. Usually relief is afforded by the puncture and the acute and intensely racking pain will subside in the great majority of instances.

In the suppurative stage of the disease thorough cleanliness is highly important and the ear should be cleansed daily with syringe by sterilized water, to which may be added a good antiseptic, and a cure may be affected in from three to six weeks. In that class of cases that resist all our efforts at the milder kind of treatment we may be called upon to deal with any one of the various complications of suppurative inflammation of the middle ear. The most common of these is disease of the mastoid cells alone or complicated with inflammation of the attic of the tympanum. In the two cases following it will be noted that scarlet fever was the primary cause of the inflammation. In the one case the suppuration had continued for nearly twenty years, and had gone on without interruption during all those years.

Case 1. Disease of Mastoid and Attic of Tympanum.

M. F., aged eight years; family history, good, was referred to me in December, 1900; had had scarlet fever at two years and discharge had continued from left ear since that time. Paralysis of the muscles of left side of face had existed, but had disappeared several months prior to her first visit to me. The odor of discharge was very foul. It was thick and tenacious, of a greenish color. There were scars on the surface of the mastoid that indicated the previous existence of suppuration from the mastoid cells. The attic of the tympanum was found badly exposed and ossicles had exfoliated and complete destruction of membrana tympanum. The patient's general condition showed want of proper nourishment, with a type of septicemia, due to pus absorption. On December 20th the radical operation of Stack's was performed. The incision was made close to the insertion of the auricle at its posterior attachment. The periosteum was dissected from the posterior wall of the external auditory meatus, till the middle ear was reached. The entire ear was then drawn forward, and access was gained to the attic. A large quantity of necrosed bone was removed, great care being taken to avoid injury to the chorda tympani nerve. The twitching of the muscles of the face twice gave notice that the nerve was being slightly pressed upon, but no paralysis to the muscles of the face resulted. The mastoid was then trephined through the posterior wall of the meatus and the deeper cells thoroughly exposed. The latter were found considerably necrosed and all the dead bone carefully removed. During the operation, especially upon the attic, the hemorrhage was quite profuse, but was easily controlled. A suture was placed in the upper portion of the incision and the walls of the wound drawn together, after which the external wound and the meatus were carefully packed with Iodoform gauze and the patient placed in bed. The dressing was not changed for the first five days, but when it was the wound looked clean and healthful. The little patient was cared for during the next two months, the dressings

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changed every third day. The external wound healed within four weeks, but some discharge continued from the ear for about eight weeks. For more than two weeks before the patient left the Holy Cross Hospital there had been no discharge from the ear.

Case 11. Disease of the Tympanum, involving Mastoid. M. N., aged 20, New South Wales. Family history good. Related that she had an unusually severe attack of scarlet fever at two years of age. Suppurative inflammation of the middle ear developed and continued despite the most skillful treatment. In August of the present year she came under my care and I found that the drum membrane was largely destroyed, the attic badly necrosed and a considerable quantity of foul smelling pus was exuding from the ear. Local treatment was followed up for two weeks, but no impression at all was made upon the local condition. On August 26th Stack's radical operation was performed at Holy Cross Hospital under the usual precautions. Considerable quantity of necrosed bone was removed from the attic of the tympanum and the malleus which was considerably necrosed, was removed. The mastoid was opened in a manner similar to the previous case, and the deeper cells carefully exposed and the necrosed bone completely chiseled away. During the operation on the attic, the chorda tympani nerve, was slightly injured, and this resulted in a partial paralysis of the muscles of the face. This latter condition has gradually improved, under Faradization, and will ultimately be overcome entirely. The external wound healed kindly and the suppuration has about entirely disappeared. The hearing distance has quadrupled since the operation and I expect a satisfactory result in every way.

These cases of middle ear inflammation come under the care of the general physician, primarily, and I would admonish you that they demand your best and most careful attention. Again, let me say that no case of suppuration of the middle ear should be treated as being insignificant, and that parents should be fully advised of the danger of letting their children remain under the constant menace that is ever present in this class of cases.

Case 111.—Carcinoma of the nasal Septum. In July, 1900, Mrs. P. L., aged 53, came under my care for treatment. She had suffered from obstruction in nasal breathing and upon examination it was found that considerable hypertrophy existed in the mucuous surface of the turbinals. There was some warping of the nasal septum, toward the left side, and quite a free discharge was present. The hypertrophies were cauterized and much relief was given to the patient. After four weeks' treatment the patient failed to return, and I saw nothing more of her for nearly a year. In July of this year she returned and told me of renewed difficulty she had in breathing through her nose, also complained of a large ulcer in left nostril on septum. This occupied almost the entire cartilaginous portion. Back of this was found a tumor of bluish gray color extending back an inch and one-half, and firmly adherent to the septum. There was no history of hemorrhages and no pain. The only thing complained of was the discomfort from the efforts at breathing through nose. Suspicion of a malignant growth was at once aroused, and a couple

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of small fragments were removed, and Dr. Root, after preparing sections, made the following report:

"The specimen has the appearance in most part of granulation tissue, with a little mucuous membrane and cartilage. The cut section shows large areas of round cell tissue, dipping down into denser fibrous and connective tissue. The new cell tissue is made up of round cells for the most part with hardly a trace of stroma. In places giant cells are found very numerous. They appear also somewhat throughout the entire section, excepting some places in the cartilage. The small round cell tissue might be take for granulation tissue of a non-malignant type, were it not for the presence of the giant cells in the adjacent tissues." On July 6th the patient was operated on at Holy Cross Hospital, Dr. Root co-operating with me. The growth was quite thoroughly removed by means of the curette. At this time the left nostril was not involved, and after a week the patient was permitted to return home. The dressing consisted of packing the nostril with Iodoform gauze. During the next three weeks the patient came to my office every two or three days. The growth soon showed evidence of recurring. The opposite nostril being involved at this time, as well as the original site of the neoplasm. The part on which the ulcer was situated showed rapid advancement of the latter, in fact the entire cartilagenous portion of the septum was rapidly breaking down. On August 8 the second operation was performed under chloroform narcosis. A radical operation was proposed to the patient, but this was refused. The growth was as thoroughly removed as possible and fully two-thirds of the nasal Septum taken away. The symptoms did not point to any involvement of the accessory sinuses. The hemorrhage was very profuse, and after the operation the patient vomited a large quantity of clotted blood. After a week's confinement at the hospital the patient was allowed to return to her home. She felt quite weak at the end of the first eight days, and had reduced noticeably in weight. Her color had grown of a more pronounced greenish cast, but the cervical lymphatics showed no induration or other evidence of being involved.

On September 8th the growth was removed for the third time; this was done at my office and under cocaine anesthesia. The neoplasm this time involved the middle and upper turbinates and extended back for three-quarters of an inch and was possibly one-half an inch wide. Though three months have elapsed since the diagnosis of malignancy was made, there is no evidence of the lymphatics of the neck being involved, but the frequent recurrences of the peoplasm shows a high order of malignancy. The prognosis in this case admits of no doubt. A fatal termination will do doubt take place in a few months. These cases of carcimona of the nostrils are of such rarity that I felt it a duty to make a report of this one. In the last edition of Bosworth's work on diseases of the nose and throat he states that only thirty cases had been reported in all the literature he could find on this subject. As to the causation nothing definite is known. It has been asserted that traumatism, although remote in point of time, is the only cause that can be assigned. In other words, that in nearly all the cases reported there was a history of previous injury to the nose. In this

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case no evidence of a previous injury was shown and no history to that effect. The usual course to follow in these cases, when the diagnosis of malignancy is fully established, the growth ought to be removed by means of the snare, if this is possible; if not, then by means of the curette. The use of the cautery is hardly admissible, as it seems to have an irritating influence. In my case the cautery had been used two or three times prior to the more radical method, which was adopted; but no benefit resulted, nor could I determine that it tended to make matters any worse. I think the radical operation should be performed, if the patient is seen early, as complete extirpation is the only thing that offers any assurance for the safety of the patient. When systematic infection takes place, then there is little or no hope left. Death results as a rule from the disease involving the accessory sinuses, and then by a short step to the brain or by metastasis to one or more of the great viscera of abdomen or thorax. I am aware of the fact that it would have been better to have waited until the results of this case were definitely determined. I thought it would not be inopportune to make the report at this time, with the promise of telling you at some future time of how the case terminated. The literature bearing upon this disease as affecting the nose is so very meagre that it ought to be regarded as a duty on the part of every physician to contribute a report of such cases when it comes under his observation.

The Physician as a Destroying Angel.

The unlettered public entertain strange ideas as to the role of the physician, ideas which find expression, for instance, in the belief that he is in the habit of "suppressing" infant monstrosities at birth. They overlook the fact that the function of the physician is essentially to assauge suffering and to prolong life, a rule to which no exception is possible, even when the result may coenceivably be detrimental to the race as well as distressing to the individual. It may well be questioned whether the exercise of this function is beneficial either to the community or to the individual, when, for instance, medical care enables the tuberculous or constitutionally debile or malformed subject to linger on a melancholy existence and ultimately to reproduce his weakly species, and also when death is postponed in painful cancerous affections. Still it would be unwise to confer, and no physician would consent to exercise, any such discretionary power, thus constituting himself the arbiter of life and death. It is this conception which renders the assistance of medical men at electrocutions so distasteful, the function being one which is altogether foreign to their mandate. The view that this discretionary power might advantageously be conferred on medical practitioners found expression in a petition which, as we mentioned, was forwarded for presentation to the Second Chamber of the Parliament of Saxony, urging that physicians should be authorized to poison on request persons who are suffering from an incurable disease, and who are desirous of ending a life which is a burden to themselves and to those around them. As the petition traversed the law of the land, the petition committee naturally declined to bring it before Parliament, but the fact is interesting as showing what absurd ideas prevail on the subject.—Medical Press and Circular.

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Treatment of the Morphine Habit.

By Robt. L. Gillespie, M. D.
Medical Director Mt. Tabor Nervous Sanitarium, Etc.
Portland, Oregon

Read Before the Eastern Oregon District Medical Society at Pendleton, Oregon, January 12, 1901.

The morphine disease, more commonly called the morphine habit, is peculiar; being partly physical and partly mental, and is caused primarily by continuous and progressive morphine intoxication. The reason for this intoxication, however, is the desire for a condition of ecstatic well-being which condition is certainly obtained in the beginning, although finally the influence of the drug scarcely causes a transitory amelioration of the permanent suffering.

The demoniacal character of morphine is such that the unfortunate patient who has once succumbed to its influence finds great difficulty in discontinuing its use. From the first injection to the final enslavement of the patient is a short course which if continued leads to certain destruction.

While in most cases this disease is the outcome of physical or mental suffering, yet there are many who commence taking the drug simply for the purpose of testing its effects and who at length become its helpless victims. Ordinarily, small doses will at the beginning successfully conquer physical suffering, and larger doses then finally dissipate the moral indisposition which soon follows.

According to character, governed largely of course by various circumstances, the morphine patient may for years limit himself to small doses; but how rapidly in many cases, the power of resistance is weakened, to be replaced only by a complete loss of energy and by the ever increasing dosage until the unfortunate patient becomes an object of pity, without friends and without honor, broken down physically, mentally and morally. Before undertaking the cure of the morphine habitue, it stands to reason, that we should first ascertain whether the attempt can be made without danger. I believe it is not feasible when the habit has been acquired for the relief of a former chronic Angina Pectoris, nor do I think it is safe to suppress morphine in a case of serious valvular disease, and it is scarcely worth while making the attempt in most incurable painful affections.

Supposing, however, that the candidate for treatment presents no bar to recovery, the most important prerequisite of success is that he or she be earnestly and personally desirous of escaping from the thraldom.

Patients recover who take the treatment only upon the most urgent pressure of relatives and friends, but they are not the most promising ones and frequently fall. Not only do they lack the first condition, but they generally also lack about the second, which is to place themselves unreservedly in the

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hands of their medical attendants, with the understanding that they are to exact nothing and to do nothing during the course of the treatment that has not been prescribed or agreed upon. I have never seen a good result from treatment left in the patient's own hands. And all so-called "home treatment" may be set down as pure delusions.

Now, as to the question of restraint: Most specialists, especially in Europe, are advocates of it, and in some exceptional cases I should not hesitate to recommend this measure. I should never do so, however, unless thoroughly convinced that any previous treatment had been directed by some one really competent in the matter.

I have heard some otherwise sensible physicians declare that the morphine habit was mere perversity and that the patient can throw away the syringe and solution if he only chooses to make a firm resolution; others are equally dogmatical in declaring it entirely incurable, and in maintaining that any time and trouble expended in this direction are entirely thrown away. It is scarcely necessary to say that I should not take into account any previous treatment carried out under such auspices.

The chief reason against restraint is that our real aim is not so much the temporary suppression of the morphine, as to cure the desire for it, and the best way of effecting this is by the reeducation of the dormant will. The patient should be removed from the medium in which he has been accustomed to play the tyrant, and submit with resignation to be rationed and supervised; but he should have the power of putting an end to his privation at any moment, he should be advised to submit, not to restraint, but to restriction. Put him on what honor he may have left, but put a string on him and hold on to the string. He is to do what he will, but while under treatment render an account of what he does.

The success of the treatment depends a great deal upon making a good beginning. It is of no use to commence under unfavorable circumstances in the belief that the beginning being comparatively easy, it will be time enough to look about for a suitable place as soon as the reduction becomes irksome. To succeed, the necessary conditions must be observed from the very first and no secondary consideration allowed to hinder them.

He should go to some place, where he can have a special attendant and be away from his home. A change of surroundings is always best, and morphia habitues are generally far more reasonable with strangers than with members of their own families, whom they tyrannize from force of habit. He should agree that all letters or parcels received should be opened in the presence of his attendant, and his business should be arranged so that he will have none to transact until the cure is complete. Another condition and one which is very important, is the adoption of a proper method, not only of administering the decreasing doses of morphia, but also for the government of his general conduct. Morphia habitues are essentially creatures of impulse, and nothing is so distasteful to them as to order their lives methodically and soberly, but it is absolutely necessary that they should do so. The real difficulty in the cure of the morphine habit is not to arrange the progressive reduction in such a manner as to permit of the habit being given up

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without suffering, but to convince the patient, that if the treatment is to be successful it is only on condition of the greatest docility in matters of detail.

Method and order are absolute conditions of success. The necessity of promoting a healthy function of all the organs is important. Just as in disease of the liver, or kidneys, secondary difficulties may arise in the lungs or heart, so the overtaxing of the digestive organs may upset the balance and render treatment ineffective. Hence the necessity of the patient allowing himself to be directed even in the most trifling details.

Many patients will consent at once to the programme of reduction as regards quantity, but when it comes to fixing the hours of administration, they will declare that no fixed rules can be adopted in their particular cases, because their requirements vary with circumstances; they may be entitled to a dose of morphia when they do not need it; and on the other hand, be in want of the drug when they are not entitled to it. The reason is plausible, but it is better notwithstanding, to insist upon regular hours, as method is paramount, and laxity of treatment at first, invariably leads to ultimate irregularity. It may also be rejoined that with the new methodical mode of living in other respects, which it is necessary to adopt, the requirements as regard morphine will not vary afterward as they did before.

The patient must also understand, that as regards diet, he should take light digestible meals like any other convalescent, at regular hours conforming to the diet regulation of the institution. There must be regularity as regards everything particularly medicine, meals and last but not least, regularity also with respect to repose.

Whether sleep comes at first or not, the light should be extinguished as soon as the last evening dose of the morphine has been taken, and reading in bed strictly forbidden. The pretext for reading in bed is the *difficulty in sleeping*, but in the morphine habit, even more than under ordinary circumstances, it is the habit of reading in bed that aggravates the insomnia.

Whether the first few nights remain sleepless or not, the patient must try to woo back sleep by restoring night to its proper purpose, that of rest and repose. It stands to reason that if the morphia is expended in providing the intellectual energy necessary to enable the reading of a book to be enjoyed during the night, its effect in other directions is lost, and a larger quantity than otherwise need be is required to maintain a state of comfort.

Those who know nothing about morphia will often suggest to a patient in a state of want to take a book and read, but morphine patients well know I am right when I say that such a recommendation is an absurdity. For them to be able to read, it is necessary, not only to have the organs of vision and the intellectual center, but also that these organs and centers shall be bathed with a sufficiently strong solution of morphia. Reading in bed, then, although one of our patient's chief pleasures, must be given up, in order to make the morphia go as far as possible.

Now, these preliminaries being settled, how are we to treat our cases? Morphia is a sedative even to the habitue, but not only or principally sedative. Its predominating action is that of a stimulant, and this contradiction is not more

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flagrant than those which obtain in all its other effects, both of abuse and of abstinence. Whatever symptoms may be the result of the habit the opposite also is observed. The unfortunate victims of the habit are wholly and absolutely dependent upon the drug; so much so that it has almost become a condition of existence. The heart will scarcely beat without it, the brain only think of it, and digestion is entirely dependent upon it. Morphine to its unfortunate slaves is the synonym of vital force. How should we relieve him from his enslavement, how shall we carry him over the crisis and give him relief when he is suffering from insomnia, anorexia, nausea, vomiting, achings all over and debility?

This, gentlemen, is the difficult part of the story. Here must we individualize; here mathematical rules and fixed laws fail us. We must treat our patient and each patient according to his own peculiar manifestations.

Gradual reduction of the amount of morphine, regular time, dosage, substitution to tide over a crisis, which should be stopped as soon as it is passed, should be employed. Hydro-Therapy, properly tempered massage, electricity in the form of general electrization are valuable adjuncts. The action of the heart should be closely watched and sphygmographic tracing should be made whenever the patient is getting into a state of want. The plateau pulse should be closely watched and trinitin, nitrate of strychnine, etc., be used as indicated.

The sphygmograph is your key to the action of the heart and also as to the result of the use of remedies.

Judgment, care and time, with patience and perseverance are elements required for success.

Do not make any unnecessary demand upon the energy in general or upon any organ in particular for a proper balance is to be restored. Particularly during the withdrawal at the latter period should the patient vegetate, and finally when the cure is complete and the patient returns home the relatives and friends are confronted with the task of continuing the convalescence. This is not insignificant, for the moral influence coming into play at this time helps wonderfully in maintaining the cure.

We may have, and do have relapses, but it is a question in my mind, in considering such cases, whether minute conditions were right in such cases. I firmly believe that if the patient's psychological condition has become so changed that he recognizes the necessity of continued abstinence and regards morphia as his most dangerous enemy, that no such relapse will occur.

Headache.

℞ Hydrargyri chloridi mitis, gr. j.
Sodii bicarbonatis, gr. xij.

M. ft. chart. No. vj. Sig. One powder every half hour, followed by Seidlitz powder.

Indications.—Used in bilious headache with constipation.

℞ Hydrargyri iodidi flavi, gr. x.
Ext. glycyrrhizae puri, ʒ ij.

M. ft. pil. No. 40. Sig. One pill t. i. d.

Indication.—Used in headache of syphilis.

℞ Quininae hydrochloratis, ʒ j.
Pulv. capsici, gr. xij.

M. ft. pil. No. xij. Sig. One pill t. i. d.

Indications.—Used in brow ague or malarial cachexia.—Exchange.

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Complete Absence of Vagina —Report of Case.

By Samuel Johnson Stewart, M. D.
Seattle, Washington

Mrs. D., married, 28 years of age, of medium height; thin of flesh, masculine breasts and hips. vulva and clitoris normal, hymen absent; fourchette well developed; a cul de sac 2.8 c. m. in depth, apparently *formed* by the continued assaults of the male organ, exists in the location of the vaginal os.

Examination, under complete anasthesia, per rectum, demonstrated the absence of the uterus, tubes and ovaries—a small nodule, about 2 c. m. in diameter, situated between the rectum and bladder seemed to represent the termination of the genital cord. The patient claims to have keen sexual desires; but signs of ovulation or menstruation are negative. Her temperament is decidedly of the nervous type, and her character, voice and face are quite juvenile.

Intestinal Obstruction.

W. J. Walsham (British Medical Journal), in discussing intestinal obstruction, calls especial attention to a cause usually overlooked by most authors. It is the reduction of an old hernia, usually by the patient, occasionally by the physician, en masse, that is, sac with contents and all complete through the canal of exit into the body cavity. If the hernia is already strangulated, of course the process goes on, to the surprise and discouragement of the attending doctor. If the hernia be simply incarcerated, strangulation will sooner or later appear, depending upon the usual accidental circumstances. The history going with this condition is a very painful, rather forcible, at first slow and then very sudden reduction, beginning and continuing with the pain and ending with "a pop," but usually without cessation of the symptoms of strangulation. As a rule, just within the ring of the canal a tumor can be palpated and percussed, which represents the hernial mass. The treatment consists of laparotomy and whatever management its findings indicate. —Medical News.

Prolapsed Kidney.

A prolapsed kidney should be suspected in the presence of the following symptoms:

Palpitation of the heart.

Unusual fatigue on exertion.

Nervousness, restlessness and insomnia.

Jaundice which is transient and intermittent.

Acute attacks of pain resembling renal colic.

Inability to rest comfortably or to sleep on the left side.

Dragging pains in the loin, extending to the groin and down the thigh.

Epigastric pain to the left of the median line, or pain over the region of the heart.

Pain and tenderness over the region of the appendix, simulating chronic appendicitis.

Irritability of the bladder, more pronounced during the day, or after standing or walking.

Chronic digestive disturbances, such as gastric irritability, persistent intestinal distention, repeated bilious attacks, etc.

Pain in the right ovarian region, which is sometimes misleading in the absence of other symptoms directing attention to the kidney.—Philadelphia Medical Journal.

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MAY, 1902

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Ever and anon the question arises, Does it pay for the physician to advertise? Can he actually make more monev bv advertising in the public press, than by the regular method generally employed, of allowing good, conscientious efforts to bring its inevitable reward?

From an ethical standpoint, as ethics are now understood and practiced, no one will hesitate for an instant to say it does not pay to advertise. To separate one's self from the great body of physicians, and to lead as it were an isolated professional existence, is a condition not at all in keeping with a satisfied ambition; and the good-will and respect of one's associates, with the freedom of intercourse that arises from this, is the most comforting feature of anv career, and its loss can be supplied by nothing else.

In dealing with the question from a purely monetary standpoint, it depends a great deal upon the individual as to whether or not it pays to advertise. If a man is possessed of but little professional knowledge, has a pliable conscience, cares not at all for the approval of his associates and far less for the genuine welfare of his patients, it pays him to advertise. It is his only salvation. He is not fitted to take his place along with the great body of physicians, and his removal from them by the universal law of the

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survival of the fittest can be but the matter of a short time. As an unfortunate being, out of his element, his miserable condition excites a measure of pity. He has but one road to travel if he remains in the profession, and that is to call the attention of the public to his attainments as a physician in the cure of cancer without the knife, or consumption by the drug of his own especial discovery, or hernia by the truss alone, or to his skill in restoring lost manhood to the indiscreet youth.

Such a person, both for his own good and that of the profession at large, and the public, should separate himself from the medical profession and enter some work suitable to his ability and his tastes.

For the man fitted by nature and education for his work, whose aim is suitable remuneration for his efforts, subject to the conditions that apply to all others of his calling, whose word is the expression of his honest belief, and whose honest belief is founded on honest endeavor, and who by word and deed strives to make his profession an enviable ambition for even the most select, for such a man to advertise would be the sheerest folly. He is in harmony with his surrounding, and his success is assured.

It may not all be expressed in bonds or stocks, or houses or lands, but in what to every true man is of far more value—a satisfied consciousness of having done his duty to himself, his fellow workers and his fellow men.

A man in some vast business enterprise can, by accumulating wealth, send it out to bring in more, needing only to supervise and direct it with care, and every detail does not require his actual presence. The physician's stock of capital is far different. The patient he attends upon is not so much invested capital ,accumulating additional wealth to him through some spark of energy he has transferred, and needing only his occasional direction. He may have wasted as much time, thought and real work over it, as does he who swings some great business transaction. But here his investment as an income producer ceases, excepting so far as kind words from grateful patients represent capital.

The physician's stock of capital is limited to himself, and of necessity cannot exceed his own physical endurance. He must be the actual, ever-present agent, in each and every transaction. There can be no proxy.

When those who decide upon medicine as a life's work come to realize that when they do so they enter upon a career the very nature of which prevents the accumulation of enormous wealth; when those who have selected a career for which they find themselves unsuited, possess the self-respect to withdraw from it, and utilize their energies along lines suited to themselves, instead of decaying and remaining a foul product, producing naught but disgust for themselves and their associates; when those suited by natural talent and education place extreme devotion for their work above extreme devotion for great wealth; when these conditions attain and not until then will advertising cease to be a paying proposition to at least a portion of the medical fraternity. It is adapted to those who represent the decaying and diseased fruit of an otherwise healthy vine, whose only function is to taint its pure vintage.

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EDITORIAL NOTES

Dr. G. E. Robison, Provo, Utah.

Dr. G. E. Robison.

George Edgar Robison, M. D., of Provo, Utah, was born August 3, 1869, in Fillmore, Millard county, Utah. He worked on his father's farm and orchards during summer months, attending school in winter, and came to Provo, Utah, in the autumn of 1889 and entered the Brigham Young Academy, taking the normal and scientific courses, graduating in May, 1892. Dr. Robison married Miss Ella Smoot, daughter of the late A. O. Smoot, a prominent Mormon leader and Utah pioneer, May 25, 1892, and he entered the public school service at Provo in September, 1892, as principal of the Webster School, and taught schools until the spring of 1895. In September of the same year he went to Baltimore, Maryland, and entered the College of Physicians and Surgeons, and during vacation he took special courses and hospital training. He graduated from the College of Physicians and Surgeons in Baltimore in April, 1898. He won in school one of the college prizes, a gold medal, and commenced practice of medicine at Provo, Utah, in June, 1898. In January, 1899, he was appointed County Physician for Utah county, which position he still holds, as well as that of surgeon to the County Hospital and Infirmary. He was chosen secretary and treasurer of the Utah County Medical Society in June, 1900, and served one year, and was appointed an assistant surgeon for the Oregon Short Line Railroad Company in 1901, and is medical examiner for several life insurance companies. Dr. Robison was chosen secretary of the Utah State Medical Society at the last annual meeting, which was held in Provo October 1 and 2, 1901.

Dr. T. J. Murray, Butte, Mont.

Dr. T. J. Murray,

Dr. Thomas J. Murray, president of the Montana State Medical Society, was born in Knoxville, Tenn., about 47 years ago. He was raised on a farm, receiving his early education at the district school, attended Jefferson Medical College, from which he graduated in 1879 and began the practice of his profession in Mississippi in the malarial districts. His health soon gave out, forcing him to come West, stopping for a short time in Portland, then casting his lot in the small minmining camp of Butte, Montana, about 1883. He is one of the pioneers of surgery in the state of Montana, his trend being in that direction. He was chief surgeon of the Montana Union railroad for a number of years and also connected with the Northern Pacific, Union Pacific and Great Northern; was associated in business with Dr. R. L. Gillespie, at which time they built the Murray & Gillespie Hospital, which he is now conducting. It is perhaps one of the best equipped private hospitals in the Northwest, containing 70 beds and all modern improvements, with two fine surgeries. Dr. Murray was also one of the framers of the Montana state medical law

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and for a number of years was a member of the board of examiners. He was elected president of the State Medical Society and is an ex-president of the Silver Bow County Medical Society. Almost every year for fifteen years Dr. Murray has visited the Eastern medical centers to keep himself up with the progress of surgery.

Dr. I. A. E. Lyon, Salt Lake.

Dr. I. A. E. Lyon

Dr. Ira A. E. Lyon, of Salt Lake, Utah, president of the Utah State Medical Society, is an oculist and aurist. He graduated at Miami Medical College, Cincinnati, Ohio, in 1870, and began special work with Doctors Williams and Ayers at Cincinnati, and then spent two and a half years in special work in Vienna, Berlin and other medical centers abroad, locating at Indianapolis, Ind., in 1873. He helped organize the College of Physicians and Surgeons and filled the chair of eye and ear as professor until failing health required his removal to the West, where he located at Salt Lake in 1883. Although twenty years have elapsed since his location in the west, his health is only safely conserved by remaining in an altitude such as Salt Lake City possesses.

The third annual session of the American Congress of Tuberculosis meets in New York May 14, 15 and 16, at Hotel Majestic.

Utah State Medical Society.

The officers of this society for the present year are:

President, Dr. I. A. E. Lyon, Salt Lake.

Treasurer—J. N. Harrison, Salt Lake.

Secretary—G. E. Robison, Provo.

Chairman Board of Censors—F. E. Root, Salt Lake.

Delegate—A. M. A., J. C. E. King, Salt Lake.

The coming meeting will be held on May 13 and 14 at Salt Lake, and a strong effort is being made to secure the largest attendance which the society has ever had. The managing editor of the Medical Sentinel will always treasure with much satisfaction the memories of the pleasant meeting two years ago, where he at that time met many of Utah's leading medical men and women. The Sentinel is interested in Utah and Utah medical matters and has a large list of friends in that growing state, and it would urge every doctor in the state to attend this meeting if possible.

The Montana State Medical Society.

The attention of our Montana doctor friends is urgently directed to the date and place of meeting of the coming session of their state medical society, which will be held in Anaconda May 21.

Dr. T. J. Murray, of Butte, is president of the society, and Dr. B. C. Brooke, of Helena, has for several years filled the office of secretary. The local medical society in Butte is joining in doing everything possible to make the coming session a success. The officers of the Silver Bow County

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Medical Society, who were recently elected, are: Dr. D. Campbell, president; Dr. T. J. Sullivan, vice-president; J. A. Donovan, secretary, and W. L. Renick, corresponding secretary.

Washington State Medical Society.

We cannot speak too emphatically upon the necessity and advisability of our Washington friends and the doctors in the neighboring states making all their plans so that they can be present at the meeting of the state society, which is to be held in Tacoma, June 24, 25 and 26.

Dr. P. B. Swearingen, chairman of the executive committee, and his excellent committee are moving heaven and earth and the intervening space to make this a splendid session, and have gotten together a larger aggregation of prominent medical and surgical manipulators than any medical society on the Northwest Coast has ever before enjoyed.

The Medical Sentinel feels like specially prodding up the Seattle doctors and saying to them, "Brethren, here is an opportunity to show yourselves both in numbers and in action." If there is anything that a Seattle doctor prides himself on, it is action, and Tacoma is the place, and June 24, 25 and 26 will be the time.

Dr. Gillespie Visits Old Neighbors.

—Dr. Robert L. Gillespie, of Portland, has gone for a couple of weeks on a little journey to Montana, where he will present a paper on "Recoverable Insanities," before his old society, the Montana State Medical Society. He and Dr. T. J. Murray, who is the present president of the state society, were for seven or eight years associated as partners. Dr. Gillespie has not revisited his old home in Butte for several years. Dr. Gillespie also, in response to an invitation from the Utah State Medical Society will read a paper on "Petit Mal, the Symptomatology of the Minor Epilepsies, and the Importance of Their Early Recognition," before the Utah state body.

A Law Suit.

The Medical Sentinel congratulates the M. J. Breitenbach Company and the medical profession generally upon the outcome of the suit of such firm against Thayer & Co., who were putting up a preparation which they were passing off as Gude's Pepto-Mangan, through the use of wrapper and package made in imitation of the genuine article and called "Peptonate Manganese."

There is probably no preparation presented to physicians of which attempts to imitate have been made so often as Pepto-Mangan. While this, of course, is in one sense complimentary to this great preparation, it seems to have produced more or less weariness of spirit on the part of Breitenbach & Co., and they have therefore set out on a campaign of vindication, the law suit referred to being one of the favorable results which the courts have already given them.

NOTES

Editorial Gossip—The Southwest.

Although I had supposed at the time of starting out on a recent vacation that I would not have an opportunity to mix up much with doctors or medical matters, but would, on the far-away frontier, be isolated from pills and pill-drivers, yet I found that it was impossible to go take any corner of the country, without be-

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coming, personally, more or less mixed up with the dispensers of drugs and the carvers of this human frame of ours. Several of these were old friends, and to meet them took off the lonesomeness of my journey. I have on numerous occasions taken a so-called vacation, but the medical work which has always attended the same, while it may have made a stay away from ordinary duties a change, has not really rested those nerve cells, which have to do with the life of a physician. It seems to me that to give a vacation an aspect of rest, that we should keep away from the medical centers, and, in traveling about, while not doing so aimlessly, have as an object of research, something outside of medicine.

Nearly every physician, if he has made a success at all, has some side issue, which interests him. Some go to dogs. Therefore, let such a doctor, as he travels about the country, leisurely, examine all the fancy canines in his way, or breeds of curs, as may best suit him. Another man raises fruit. What a topic this is for study! Another is a horse fancier; another raises cattle; another is interested in mining; while sociology, archaeology, the science of city building, and other topics offer a list out of which one can be selected and followed, with just enough thoroughness to make the vacation attractive and not too laborious. It occurred to me to take such a vacation as this, and upon this particular occasion visit some of our big mining camps, in the Southwest, where copper is being largely produced. I have always had a deep respect for this old earth of ours, and, whether in mining or archaeology, what her bosom contains has always been a matter of much interest to me.

I shall not write a dissertation upon what I saw in the mines, although I found doctors everywhere mixed up financially in the big as well as the little mining things.

I will say this, however, that to go around from mining camp to mining camp is not the easiest thing in the world to do, and the next time I take a vacation away from medicine I think it will be to study city life in some form, although I would not take a great deal for the satisfaction which I now experience as a result of the information as to the resources of this great country acquired during this two months' relief from medical cares and responsibility. I learned one thing, too, and that is, that the North Pacific region, with its vast ore bodies of copper, carrying both gold and silver, with water for mining and power, and with timber and coal on every hand, although scarcely touched as yet, is to be a greater mining region in copper than the Southwest.

Dr. Franklyn Cauthorn I met over near the city of La Cananea, State of Sonora, Mexico. The doctor is surgeon for the Indiana Copper Company, a rich corporation having promising properties, although, for purposes of repair and otherwise, the work was shut down at the time of my visit, and had been for some time. Most mining surgeons are paid per capita according to the number of men employed, but Dr. Cauthorn's contract fortunately called for a stated salary at a good figure in gold as a minimum, so that he is gaining rather than otherwise under present conditions at the camp.

The town of Cananea, although but two years old, has seven or eight thousand people, having been built up by the Green Consolidated Copper Company during that time. The Indiana camp is four miles distant, connected by a narrow-gauge road. Cananea is a distressing place for a white man to suddenly find himself, in with

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no accommodation for the weary traveler, it being full of wind and dust. It makes the beautiful and quiet little valley where Cauthorn lives all the more pleasing, for he and his wife are certainly situated in an ideal spot. Miss Cauthorn is in St. Louis pursuing the study of music.

Dr. Cauthorn's professional duties are, under the circumstances, limited, although he has a small but very remunerative outside practice in addition to his corporate duties, so that he is simply taking care of himself and enjoying life, and he is in splendid health. Surrounded by his medical library and with a Spanish grammar, and with his Tyndall, Spencer, Huxley and Darwin, and his dog and gun by day, and his terrestrial charts studying the peculiarly bright heavens at night, his present condition is one of restful contentment. There is somewhat of a change from his active surgical life of Portland, and I fancied that he is beginning to plan for greater activity. The doctor and I talked over Portland medical matters for several hours; he took good care of me, and my visit with him was one of the pleasant items of my vacation.

Dr. E. H. Parker, of Portland, was a somewhat surprised man when he saw me driving along the road toward him. The last time he saw me was on the streets of Portland, when he bade me good-bye six months before, and he did not know that I was within two thousand miles of him until I met him at that moment on the plains of Arizona. The doctor is beginning to question himself whether he was ever sick, and he certainly has no present appearance of ever having been so. He weighs over 200 pounds and is apparently as solid as a rock. He was living eight miles out from Phoenix, although he will before long be in Portland at his work. At his place out on the edge of a desert he was located on the bank of an irrigating canal carrying plenty of pure mountain water. The climate has been mild enough all winter, so that he and his wife have been able to live very comfortably with their tent half open all this time. The climate of Phoenix is much warmer and softer than it is at Albuquerque or among the Catalines near Tucson. Dr. Parker had just been officiating at a flag-raising in his neighborhood, at which fifty or one hundred neighbors were present, and he has gained quite local reputation there from the speech which he then made as a "spellbinder." Parker always had plenty of time to do a lot of work, but was too modest to say much, but from now on we may expect to hear him "spell" on all available occasions.

Dr. Horace J. Littlefield and family I also found comfortably located at Clayson's ranch, their tent being 100 feet away from that of Dr. Parker. Dr. Littlefield was in pretty poor health when he reached the South, and, although he had been there but a few weeks, was improved very much. There was also another Portland gentleman there, whose name I do not know, a layman, however, whose little tent helped to make up the Portland colony, who was also markedly improved in health.

I asked the curly headed little son of Dr. Littlefield how he liked Arizona, and he quickly replied: "Oh, it is all right, but I like Newberg, Oregon, better."

Dr. M. M. Walker, formerly of Portland and Astoria, I found at Clifton, Arizona, where he is chief surgeon for a big Scotch copper company. This position is one of considerable importance, which, with his general practice, is proving highly remunerative to him. The doctor is associated with another physician of large hospital experience, although a young man,

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and they have recently been authorized to appoint a third physician as an assistant in their work.

Dr. W. L. Wood, the Portland oculist, I met at Oracle, forty miles in the country from Tucson. Dr. and Mrs. Wood assured me solemnly that it never blew nor rained at Oracle, and I judge that they believed what they said. However, the elements got up a little tornado for our especial benefit, and it rained hard for a while.

I do not know but that an Oregonian would bring rain anywhere. I know that in Northern California I stopped at Redding and heard that it had not rained there for three years, but that very night six inches of rain fell in ten hours, in fact, it took away a portion of the town of Dunsmuir, above us. Southern California, too, was suffering, but as soon as I reached Los Angeles the heavens were opened, and they had to give me a special request to move on. El Paso was full of dust, but it rained for three days after I reached there, and it is barely possible that if the denizens of this wet, northern neck of woods could be induced to travel to the arid regions more often, that much suffering might be avoided.

I was glad to find Dr. Wood feeling in splendid health. He was at Albuquerque, but moved from there to Tucson, and then out to Oracle. He probably would have improved as well in Albuquerque, but most of the people going to Arizona for their health locate in the town in which they go, and doubtless the doctor was advised by the fellow practitioners, whom he consulted in his line, to move into another portion of the arid region at once Distance lends enchantment to the cure, so far as a local man is concerned. However, Wood has no intention of remaining in Arizona, and plans soon to be with us again in Portland.

In El Paso I ran across Dr. J. V. Gaff, late of Albina. Dr. Gaff has been doing well in the Southwest. He has a copper mine in Sonora, an opal mine in Guadalajara, and a coffee plantation on the line of the new isthmian canal. The doctor, however, has it in mind some time to come back to Portland and open up practice again.

At El Paso, and again at Los Angeles, I met Dr. J. B. Murphy, of Chicago. The doctor had gone down into Mexico to remain a month or two, upon his vacation, but he became thoroughly imbued with the advisability of passing as much time as possible in the United States after an acquaintance with Mexico of two or three days, and he turned back and went to Southern California. He had a paper before the Pasadena County Medical Society, and also addressed several other medical bodies during his peregrinations, and he was still breathing the balmy air of Southern California when I left him. The doctor was very warm in his expressions of appreciation of the new general national hospital at Mexico, of which Eduardo Liceago is the medical director. The hospital is a large one, although there are many larger. Dr. Murphy says it is the finest hospital of its size that he has ever seen. The doctor is well acquainted with the general medical officer of the institution, having met him at various times in most of the countries in Europe, and evidently was well taken care of while in the Mexican capital.

I met Dr. S. T. Turner at El Paso, my old friend of many years ago in New York, who was very busy while I was in El Paso looking after the wreckage from the big passenger train disaster on the Southern Pacific, which occurred there.

The Sister's Hospital in El Paso is a beautiful place, and the furnishings are the most elaborate I have ever

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seen in an institution of its kind anywhere, and Dr. Turner was very busy with numerous patients within its walls. The Southern Pacific is going to build a large division hospital at El Paso, and Dr. Turner will have charge of it.

I met Dr. E. Vance Clymer, formerly of Huntington, Ore., in Los Angeles. Dr. Clymer has had charge of a mine in Mexico, which, however, has been recently shut down, and he has therefore taken a position with a company in Arizona, near Phoenix, which is doing a lot of active work.

Speaking of mining doctors, I will say that the man who has the largest proposition on his hands in the Southwest is a so-called doctor at La Cananea in the Greene Consolidated Copper Company, who has associated with him a hospital steward as a partner. There are said to be 4,600 men on the payroll of this company, and each man pays $3 per month hospital fee. I was told that a man who is sick must bring his own blankets, and if he needs a special nurse must pay for it, and no man will go into the hospital if he can help it.

An officer was quoted as saying that it is cheaper to give bad accommodations than good, for the patients who do not die will leave the country.

The salaries in Cananea have to be fairly large, as everything is expensive. In Mexican money flour is worth $12 a sack, butter $1 a pound, egs $1 a dozen, and even oranges 50 cents a dozen. Meat is the only cheap thing in that country, which comes at 25 cents a pound, Mexican money. Mr. W. C. Greene, the rustling Westerner, deserves great credit for all he has accomplished in two years at Cananea.

The California Hospital at Los Angeles, speaking again of hospitals, has been and is a wonder. Its only ward contains four beds, the total capacity of the institution being 150 beds, and the rates are from $15 to $25 per week. It is a private institution, opened in 1897.

It was organized by 25 physicians; $25,000 was paid in and a debt of $4,500 was carried over. In 1898 it paid 10 per cent. dividends on its capital, paid off its debts and carried over a surplus of $20,000. In 1899 it put on its first addition out of the surplus and declared another dividend of 10 per cent. In 1900 it built another addition and paid another 10 per cent. dividend. In 1901 it increased its stock, watering its old stock up to $100,000, and sold $40,000 additional at par. In 1901 it paid a dividend on $140,000 and completed a $30,000 addition for gyneacological and obstetrical work, which has been fully paid for. This story was told me in Phoenix by one who knows.

I made the remark that most hospitals do not pay expenses, and that they are continually out for subscriptions, donations and contributions and generally are always wondering how they can cover their deficiencies; the hospital business not ordinarily being of a money-making order.

In reply I was told that Dr. Lindley was manager of the institution, and that explained the whole thing. The stockholders at the present time, I am told, consist of forty doctors, although Dr. Lindley is said to own 60 per cent. of the total. Dr. Lindley is also managing the Idyllwood Sanitarium for consumptives, which has recently been opened, and which is said to be meeting with great success. The success of the California Hospital induced other doctors there to form another hospital, which is also said to be more than paying expenses.

There are a good many private hospitals being run here and there by men who are obliged to draw from their private resources and practice

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to keep them open, in many cases being done as a matter of pride. The California Hospital is a great exception to the general rule, probably the most marked in the United States, and the Sentinel congratulates Dr. Lindley and his associates upon the wonderful success which has attended their efforts.

I visited the Arizona State Insane Asylum, situated six miles from Phoenix. The institution has something like 150 inmates, and was again under new medical management. The new superintendent, Dr. Ward, is an elderly man, who has been a long time in practice in Phoenix, and says that he supposed his friends thought that it would be a good way to let him down easy, to get him this appointment. As there is nothing easy in this kind of work, the doctor feels that if such were their intentions, they were not well founded.

Every man to his liking. When some of the people in the South asked me if it were not pretty wet up North, I replied that it had been so wet for nearly fifty years that the country had never had a failure of crops in that time. The man who longs for perpetual sunshine can certainly find it in the Southwest, and the region is a wonderful place and full of promise, but, so far as I am concerned, I feel more content and better when I am back in the humid, quiet atmosphere of "sleepy Oregon." NEURON.

Medical Firm Enlarged.

Dr. J. R. Numbers, late of Weiser, Idaho, and Dr. J. R. Marsh, of Portland, have entered into partnership with Dr. E. P. Geary and Dr. R. C. Coffey, of Portland, Oregon, taking the offices formerly occupied by the latter gentlemen in the Oregonian building.

Dr. Numbers needs no introduction to those who have read the Medical Sentinel for the past ten years, having been active in medical matters in his former state, and having filled the position of secretary and later of president of the Idaho State Medical Society. He has been prominently identified with medical legislation and also served for several years as a member of the state medical examing board. He has a host of friends not only in his own state, but in the neighboring regions.

Dr. Marsh graduated from the University of Pennsylvania in 1898. He was interne at Good Samaritan Hospital, Portland, for a year and spent a like time in the army, being stationed in Alaska. He then took a year's study abroad, and upon his return enters the firm mentioned.

This is not simply an office arrangement, but a close partnership, and, as each member has a considerable interest in the North Pacific Sanitarium, the new members will enter into a well-established medical and surgical practice. The new members of the firm will early take a prominent position in the medical profession in this city.

Pacific Dental College.

The graduating exercises of the North Pacific Dental College were held at the First Baptist Church, Portland, Or., Wednesday evening, April 30, 1902. An interesting musical program had been arranged, and the building was filled to overflowing with friends of the students. Dr. Hutchinson gave the charge to the graduates, and Wilbur Norton Pintler was valedictorian. The annual address was delivered by the Hon. George H. Williams. The following is a list of the graduates:

James Townsen Allen, Alice May Magilton, Robert Walter Andersen, Ernest Carl Macy, George Sydney Barrett, William Leslie Martin, Hugh Hanford Bowlby, Nathan Ray Norris,

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Gustavus Magnus Osterberg, Fred Franklin Boody, Wilbur Norton Pintler, Everett Elijah Bailey, Charles Park Poston, Herbert Earl Barrett, Herbert Wood Pugh, Ernest Jay Doty, D. Franklin Pyle, Virgil Lewis Dimmick, Charles Allen Rambo, Curtis Egbert, Eugene Carlton Rossman, Samuel Archibald Fulton, Rey Stone Stryker, John William Nelson Shepherd, Francis Joseph Fredrichs, Lizzie Catherine Stewart, George Glaze, Wallace Cordon Shearer, Peter James Sharp, Roy Groger Haskell, Newell Lee Smith, Ralph Hutchison, Donald Bruce Stuart, Harvey Egbert Kelty, Burt Raue Stevens, George Larkin, James Hugh Webster, Kinzo Moriyama, Frank Henry Walgamot, Marlatt Alroy Winningham.

MEDICAL SOCIETIES

City and County Medical Society.

The regular meeting of the City and County Medical Society was held in the Dental College, Portland, Oregon, January 15, 1902, Dr. Harry Lane presiding. Present: Drs. Bell, Binswanger, Coe, Coffey, Geary, Giesy, A. D. Johnson, A. H. Johnson, Labbe, H. F. McKay, A. E. MacKay, Saylor, Walker, Smith and Yenney. Visitors: Drs. Woods-Hutchinson and Williamson, of Salem.

The meeting was called to order at 8:40 P. M., and the minutes of last meeting were read and approved. Dr. E. N. Crockett was unanimously elected a member of the society.

The order of business was changed over to "Cases in Practice," Dr. R. C. Coffey giving a clinical and operative details of an appendical case associated with nervous symptoms. Dr. A. C. Smith reported a case presenting what was thought to be ovarian disease, but nervous symptoms in the light of present interpretation, appendical, in Oregon; also the operative details of a successful case performed under local anesthesia.

The paper of the evening was then read by Dr. W. T. Williamson. The president introduced the doctor to the members, stating that this was a mere formality, as Dr. Williamson was well known to the profession as an authority on nervous diseases, and no other practitioner in Oregon had such abundant opportunities of observing, through the Insane Asylum and other means, this class of cases, which are outside of the range of physicians in ordinary practice.

The discussion was opened by Dr. H. W. Coe and continued by Drs. Woods-Hutchinson, E. Labbe, Walker, R. C. Yenney, O. S. Binswanger and Harry Lane.

After some routine business had been transacted, the meeting adjourned.

DR. A. D. MACKENZIE,
Secretary.

City and County Medical Society.

The regular meeting of the City and County Medical Society was held in the Hotel Portland, February 5, 1902, President Dr. Harry Lane presiding. Present: Drs. Bell, Binswanger, Bristow, Coe, Coffey, Crockett, Dickson, Major Ebert, Geary, Jones, A. H. Johnson, A. E. Mackey, Pettit, Rand, Smith, Wheeler and Yenney. Visitors: Woods-Hutchinson, Marsh, Gilbert and Coughlin.

Pathological specimens were exhibited by Drs. A. C. Smith, R. C. Coffey and J. C. Bristow. Dr. Smith showed a multiple fibro myomata, containing a rudimentary uterus and right and left tubes and ovaries in separate masses. Each of these specimens were removed from the groins

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of a woman 51 years of age, who gave a history of double femoral hernia, beginning five years ago. The mass on the left side was larger and said to have protruded from the inner ring constituting a direct inguinal hernia not of the bowel, but of the described masses. On the left side that ovary formed part of the hernia, but on the right it was at, but not within, the ring. In addition to the usual incisions for double hernia they were joined by a transverse one just above the pubes and the skin was reflected up, clearly exposing each inguinal canal, and of the usual area for medium incision, which was done as an exploratory laboratory. There was no uterus in the pelvis or any apparent direct communication from the vaginal vault with the tubo-ovarian or uterine tissue constituting the hernia. The menstrual history was that at the age of 16 she had pains, considered as such, but no flow other than leucorrhoeal. These pains recurred monthly during her whole life till the menapause, when they ceased. About that time lumps appeared in the groins, which were supposed to be ordinary hernias, but as their weight had dragged them over Pouparts ligaments, a diagnosis had frequently been made of double femoral hernia. The doctor's explanation of this peculiar condition was, that it was due to congenital defect by which the duplex uteri had failed to descend to normal position, remaining in the inguinal canal in a state of infantile development until the menapause, when the myomatous degeneration appeared and as they increased produced the hernia. The ovaries were quite well developed and appeared normal. It was notable that she sustained marital relationship and wondered why she had no children. Vaginal examination showed normal canal minus cervix, with an orifice on each side in direction of the position of the ovaries. The progress after operation was uneventful.

Dr. J. H. Bristow showed specimen consisting of ten fibroid tumors, each the size of a walnut removed from the wrist and forearm of a man, 25 years of age, of 12 years' standing. It had been diagnosed malignant and an amputation had been advised. The specimen removed was examined by competent microscopists and pronounced fibroid tumors. The function of pronation and supernation was restored by the operation. One year later there was no sign of return of growth.

Dr. R. C. Coffey showed an intraligmentous fibroid weighing eight and a half pounds, which had gradually peeled off of the peritoneal coat of the bladder. Becoming too large for the pelvis, it had suddenly come up three weeks before, causing the family physician to think of pregnancy. The tumor, by being forced out of the pelvis and being beneath the peritoneal coat of the bladder, had turned that organ up to a point almost on a level with the umbilicus, giving it the appearance of a wide band of adhesions extending from above to the pubes. After delivery the tumor pedicle was seen to include the entire broad ligament. By cutting the peritoneum around its base, the enucleation was easy, except where the muscular wall of the bladder was in direct contact; here it was torn and effecively sutured. The body of the uterus contained five fibroids. The uterus was also removed.

The paper of the evening, "The Medical Department of the United States Army," was read by Major Ebert, U. S. A., an honorary member of this society. The object of the paper was the discussion of the benefits which might accrue from reforms in the government medical service. The relation of the profession at large

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to the medical department of the United States army, together with a plea for recognition and recompense was discussed. In order to obtain a correct conception of the personal necessities of the army, the doctor briefly sketched the general growth of the department, from the earliest period up to the present time, showing by an array of details that unpreparedness is false economy—loss of life and pensions. It was also shown that the Surgeon-General's requests for an increase of the personnel of his corps were disregarded; the army being increased fourfold, but the medical corps only 80 per cent. Instead of 80 posts in the United States army proper, there were now 110, and additional ones are being made in Alaska, Porto Rico, Cuba, China, the Sandwich Islands, and 567 separate garrison stations in the Philippines, not including transport service. To meet these requirements the volunteer and contract surgeon was inaugurated, and it was to this system that the doctor directed special attention. It was shown that meager compensation, temporary tenure of office, general status outside the pale of civil service regulations placed him on a level with a common laborer, there being no hope of advancement in rank or pay according to service. In short, such a position cannot tend to maintain the high standing of the profession in the army, nor can the government expect always to get the best service. Discussion of the volunteer surgeon brought out the fact that his commission is only for service in the Philippine Islands; he is appointed without examination, on political rather than actual merit, his term of office being two years. The requisite qualifications, as a commissioned officer in the medical department of the United States army were briefly referred to. The keeping of the command in the highest state of healthy efficiency called for knowledge covering the entire field of Preventative Medicine. The proper care of the sick and wounded called for the best skill in surgery and conditions of malingering, together with the interests of the indiviudal without injustice to either the soldier or the government, included problems which imply particular knowledge and training, all together constituting the requirements as a specialty of our profession. The conclusion of the paper was devoted to details of a plan c culated to reform all these conditions and circumstances in the army.

Dr. E. P. Geary said that the suggestions for army reform were very practical, and he thought some action on the part of the society could be arranged.

Dr. Woods Hutchinson said that the same state of affairs existed in other countries, for example, as proved by the Boer war. He agreed with Dr. Geary regarding action of the society. He would like to know from Dr. Ebert how pressure could be exercised effectually.

Dr. R. C. Yenney said that Dr. Ebert had stated the question very clearly and pointedly, and in like terms the only remedy. The contract surgeon has no responsibility; in fact, the general defect found in him was incompetency.

Dr. J. A. Gilbert asked how much authority the surgeon has in the army.

Dr. J. Bristow said that he believed the medical profession did not receive the respect they are entitled to in the army, and, for that matter, in civil life as well. The whole profession should try to reform the medical part of the army by vigorous agitation.

Dr. A. C. Smith endorsed the sentiments expressed by the other speakers. He had had some experience of contract service; it works badly; the

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men are not of a high order. The profession and those outside of the army should agitate until the necessary reforms are accomplished. The question is, how shall we go about it?

Dr. H. W. Coe said that the paper discussed a very distressing condition in the medical department of the United States army, which had been very clearly set forth. It is in the interest of all concerned that the high standard of American medicine should be maintained in the army as in every other branch of the service.

Dr. Harry Lane said that the best way to bring about reform of this kind was that each man should unite, by well-directed, persistent effort, in making known their wishes to those who frame the laws.

Dr. Ebert, in closing the discussion, thanked the meeting for the interest manifested in his paper. Some one had asked what authority the physician had in the army. His reply was, that he could only advise. He related an incident which showed that when the advice is backed up by the plain facts, officially stated, attention generally follows. The best way was to agitate by correspondence, letters from medical societies, to Congress, etc. This year, however, nothing can be done. Next year the subject must be approached, as the year's (Philippine) Commission expires then.

Dr. Woods Hutchinson moved that a committee be appointed to draw up resolutions on this subject, based on the situation as expressed by Major Ebert's paper. The motion was carried, and the president appointed Drs. Hutchinson and Yenney for this purpose.

Dr. R. C. Coffey reported a case of Caesarian section, successfully performed, mother and child alive. Mother was a hunchback with deformed pelvis, uterus was not in the pelvis. Was in labor and the head was not disengaged.

The question of meat inspection was brought up by Dr. Woods Hutchinson, who said that some action on the part of the society might be beneficial in promoting an inspection of meat. About 60 per cent. of the meat used in Portland was already inspected by the Bureau of Animal Industry, and, as an inspection could be extended 30 per cent. more, simply upon request of the abbatoirs, and an intelligent demand for such inspected meat by the public would have great influence.

After some discussion, Dr. A. C. Smith moved that the secretary and president should be instructed to draw up a set of resolutions requesting the public to ask for only inspected meat, and advised that copies of the resolution be sent to the daily papers.

After some private business had been transacted, the meeting adjourned.

DR. A. D. MACKENZIE,
Secretary.

Multnomah County Medical Society.

The regular monthly meeting of the Multnomah County Medical Society was held at the Marquam building, April 3d, at 8:15, President J. T. Walls in the chair.

The minutes of the previous meeting were read and approved. Dr. A. Tilzer exhibited a case of spinal progressive muscular atrophy. The patient, an Austrian, 26 years of age showing marked emaciation and awkwardness of movement, presented himself for treatment. The patient gives the following history: During his early childhood and up to six years of age there was nothing of importance to note. About that time he was exposed to excessive cold in a pasture and though steadily grow-

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ing, showed marked signs of weakness. At the age of 17 he suffered from an attack of typhus fever from which he recovered but very slowly and ever since his weakness increased to almost perfect helplessness. In 1895 he went to Vienna and applied to Dr. Notnagle, of the Allgemeine Krankenhoaus, for relief, and after six months treatment there, experienced no beneficient results.

His family history is good, both father and mother as well as his brothers and sisters being in perfect health. Upon examination he showed an advanced wasting of the muscles of the arm, the forearm and of the back down to the gluteal regions, which latter were but little affected, the loss of muscular co-ordination was so strongly marked, that he could rise from a sitting posture only with the greatest effort. Fibrillary contraction was easily excited by percussion, and the natural roundness and contour of the body and limbs were greatly changed, bones standing out most prominently, giving him the appearance of a skeleton clothed in skin. There was no disorder of sensations.

Dr. J. Allen Gilbert suggested that owing to the absence of affection of the thenar eminence, the hypo-thenar and inter-ossei muscles it might be a case of progressive muscular dystrophy, while admitting that the presence of fibrillary contraction and the otherwise good family history are against his contention.

Dr. J. Allen Gilbert then read a paper on the relation of psychology to medicine in which the Doctor evidenced that he had thoroughly familiarized himself with the various branches of mental science. The paper was unanimously appreciated by all present.

Dr. L. Buck then read a paper on the treatment of pneumonia as outlined by Andrew C. Smith of New York, laying especial stress upon the main etiologic factor, i. e. Pneumococcus of Fraenkel. He set forth forth that its growth is almost successfully inhibited by an agent attracting it through the medium of the blood, he therefore. prefers germicides in this treatment, mentioning calomel and the salicylates as especialy indicated, giving the latter to the point of intolerance.

Speaking of the various complications arising in this disease the Doctor fully outlined the different methods of combatting the same.

In the general discussion ensuing, many new points in the treatment of pneumonia were brought out.

The meeting then adjourned.

A. TILZER, Secretary.

Medical Society of the Missouri Valley.

This association held its semi-annual meeeting at Lincoln, on March 20, with a large and representative attendance, Dr. Richard C. Moore, of Omaha, president, in the chair. Chicago was represented by Drs. Moyer, Findley and Coulter. Three sessions were held, and sixteen interesting papers read. The Medical Herald was again made official journal of the society. After the evening session, the members were invited to the banquet hall of the Lindell Hotel, where a sumptuous repast awaited them. The next annual meeting will be held in Sioux City, Iowa, September 18, 1902.

North Dakota State Medical Society.

The next meeting of this society will be held at Grand Forks, May 21st and 22d. The secretary, Dr. E. C. Branch, of 112 Ninth street, Fargo, is sending out a general invitation for papers and an urgent request to mem-

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bers to be present at the meeting, and if energetic work on the part of a first-class secretary will make a meeting, this in connection with the high standing of the other officers of the society will insure a big time at Grand Forks.

Butte Medical Society.

The Butte Medical Society was organized recently in rooms 208 and 209 Goldberg block, twenty-two physicians and surgeons of the city being in attendance at the meeting.

The following officers were elected for the ensuing year:

President—Dr. H. H. Hanson.

Vice-President—Dr. F. G. Heine.

Secretary—Dr. T. B. Moore.

Treasurer—Dr. W. H. Haviland.

Dr. A. G. Allen, Dr. C. E. McCoy and Dr. A. C. Dogge were appointed a committee to draft a set of by-laws for the society and to report at a meeting to be held next Sunday evening in the office of Dr. H. H. Hanson, room 25, Silver Bow block.

All members of the medical profession in the city were respectfully invited to be present.

Association of Medical Officers of the Army and Navy of the Confederacy.

President—D. D. Saunders, M. D., Memphis, Tenn.

Secretary—Deering J. Roberts, M. D., Nashville, Tenn.

Executive committee—D. D. Saunders, M. D., Memphis, Tenn.; Deering J. Roberts, M. D., Nashville, Tenn.

Vice-presidents—S. E. Lewis, M. D., Washington, D. C.; John R. McKenzie, M. D., Weatherford, Texas; John L. Dismukes, M. D., Mayfield, Ky.; George O. Brosnahan, Pensacola, Fla.

Ex-Presidents—J. B. Cowan, M. D., Tullahoma, Tenn.; Francis L. Parker, M. D., Charleston, S. C.; James M. Keller, M. D. Hot Springs, Ark.

Ex-Vice-Presidents—J. J. Knott, M. D., Atlanta, Ga.; H. A. Moseley, M. D., and E. A. Blount, M. D., of Dallas, Texas.

The Association of Medical Officers of the Army and Navy of the Confederacy will meet in the judicial room of the City Hall in Dallas, Texas, corner of Akard and Commerce streets, on Tuesday, April 22, 1902, at 12 M.

The following figures are from the vital records of the Butte Health Office for the eleven months, ending April 1, and stand for an estimated population of 60,000:

	Cases.	Deaths.
Scarlet fever	344	38
Diphtheria	132	24
Smallpox	59	1

Total deaths, 737; births, 779.

The returns on births is not complete, as the notification of births is not compulsory outside of the city limits, and the district includes a great deal of territory outside of the corporation.

The Silver Bow Medical Association were entertained at dinner recently by the retiring president, Dr. J. W. Gunn, who was the recipient of a handsome gold-headed cane, the gift of his medical friends, presented by Dr. D. Campbell, the president-elect. The new officers of this society are:

President—Dr. D. Campbell.

Vice-President—Dr. T. J. Sullivan.

Secretary—Dr. J. A. Donovan.

Treasurer—Dr. T. A. Grigg.

Corresponding Secretary—Dr W. L. Renick.

Medical Society Notes.

The Committee on Pathological Exhibit for the American Medical Association is anxious to secure materials

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for the coming session at Saratoga, June 10 to 13, inclusive.

This exhibit was accorded much praise and comment during the sessions at Atlantic City and St. Paul, respectively, where were collected valuable exhibits from all parts of the country. The materials included not only pathological specimens, but the allied fields, bacteriology, haematology, physiology and biology were well represented.

It would also be desirable to secure exhibits of new apparatus, charts, etc., used by teachers of pathology and physiology in medical colleges.

This exhibit has already become a permanent feature of the annual sessions of the American Medical Association and the committee is desirous of securing its list of exhibits as early as possible, and to this end asks those having desirable materials to communicate with any member of the committee.

To contribute to the value of the work, it is suggested that as far as possible each contributor select materials illustrative of one classification, and by such specialization enhance the usefulness of the display.

Those lending their materials may feel assured that good care will be given their exhibits while in the hands of the committee, and due credit will be given in the published reports. Very respectfully,

F. M. JEFFRIES,
214 E. 34th street, New York City.

W. A. EVANS,
103 State street, suite 1403, Chicago.

ROGER G. PERKINS,
West. Res. Med. School, Cleveland.

Committee on Pathological Exhibit,
American Medical Association.

BOOK REVIEW

Regional Minor Surgery, by Geo. G. Van Schaick, M. D., attending surgeon to the French Hospital and to the St. Vincent de Paul Orphan Asylum, New York. containing about 200 pages, and profusely illustrated with drawings especially made for this book. It is bound in cloth and white leaf, printed on heavy book paper, and devoted to the treatment of the surgical conditions that are met with in the daily practice of every physician. This book is thoroughly practical and presents the subject in an interesting and instructive manner. Price, $1.50. Published by International Journal of Surgery Co., 100 William street, New York.

A Remarkable Tribute to the Living Age.—Two and One-Half Years Spent in a Continuous Reading of It.

The Rev. John M. Marsters, of Cambridge, Mass., recently wrote, in a letter to the publishers of The Living Age:

"I wish to say to you that I have just finished reading your 230 volumes. I have been at it almost continuously for two and one-half years. I have not read the novels or smaller pieces. I have read over 6200 articles; and in common print this would make some 440 volumes. Needless to say, my reading has been wholly delightful. * * * You may wish to know what is my judgment as to the value of the magazine. My answer is this: I do not believe that in the periodical literature of the world there is its equal. For style, eloquence, interest in particulars, and depth and variety, it leads all its associates. It

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is a beautiful mine of learning * * These 230 remarkable volumes should be in every library, public and private, of the English-speaking race. Lastly, I would say that the new numbers are quite on a par with the old. I have averaged in reading over 20 articles in each volume. But in the last half-dozen the average has been forty."

Roentget Rays in Medical Work. By David Walsh, M. D., Edinburgh, physician Western Skin Hospital, London, late Hon. Sec. Rontgen Society, London. Third edition. Octavo volume, 330 pages. Illustrated by five plates and 109 engravings. Price, muslin, $2.50 net. Wm. Wood & Co.

In this little volume the aim has been to deal with the present practical scope of the Rontgen Rays, so far as physicians and surgeons are concerned. An attempt has been made to treat the matter systematically, and to point out limitations and possibilities, as well as to record actual achievements. In the third edition the purely medical and surgical aspects of the subjects have been brought up to date.

The Medical News Pocket Formulary new (4th) edition. Containing 1700 prescriptions, representing the latest and most approved methods of administering remedial agents. By E. Quin Thornton, M. D., demonstrator of therapeutics, pharmacy and materia medica in the Jefferson Medical College, Philadelphia. New (4th) edition, carefully revised to date of issue. In one wallet-shaped volume, strongly bound in leather, with pocket and pencil. Price, $1.50 net. Lea Brothers & Co., Philadelphia and New York, 1902.

A very useful little manual, containing formulas which have stood the test of experience, and also giving the best way of combining the newer drugs. Among these latter may be mentioned adrenalin, chloretone, orthoform and the newer organic compounds of silver and arsenic. The diseases are arranged in alphabetical order and quanties are expressed in both the ordinary and metric system. An especially valuable work for students.

Progressive Medicine, Vol. 1, 1902. A quarterly digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by Hobart Amory Hare, M. D., professor of therapeutics and materia medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 452 pages, five illustrations. Per volume $2.50, by express prepaid to any address. Per annum, in four cloth-bound volumes, $10. Lea Bros. & Co., Philadelphia and New York.

One of the most important subjects treated by Frazier on the surgery of the head, neck and chest is that of the surgery of the lung, and includes the surgical treatment of tubercular cavities, of pneumothorax and pulmonary complications of pneumonia, which more and more of recent years properly are entitled to surgical consideration. He also gives a resume of the treatment of foreign bodies in the air passages. Wounds of the heart receive due consideration and the treatment of aneurism by wiring and the injection of gelatine is brought fully to date. The latest methods for the treatment of epilepsy are reviewed, and especial attention is given to the removal of the sympathetic ganglion.

Packard's article is devoted to disinfection and insect transmission, rheumatism, typhoid fever, its complications and prevention; bubonic

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plague, pneumonia, diphtheria, varicella, measles, tuberculosis, yellow fever, influenza, scarlet fever and cerebro-spinal meningitis. In all of these whatever is new and of practical use has been given.

Crandall treats of the diseases of children, including a most valuable chapter on infant-feeding. On account of the near approach of summer, this chapter is especially timely.

The subject of pathology is ably treated by Hektoen, and a great deal of space is given to a consideration of the cause of tumors, especially the carcinomata. He also considers the recent advances made in bacteriology and the newer methods that have arisen which are of diagnostic value.

Thomson's article on laryngology and rhinology lays especial stress upon these diseases in their relation to general diseases.

The subject of otology is treated by Dr. Randall.

Progressive Medicine has certainly, through the tireless efforts of its editors, so woven itself into the daily life of the physicians and surgeons as to be practically indispensable.

The International Medical Annual; a year-book of treatment and practitioner's index. Twentieth year. 1902. Price, $3.00. E. B. Treat & Co., 241-243 W. 23d St., New York., 199 Clark St., Chicago.

The Medical Annual has been so long before the profession ,and has so fully met their wants, that further than calling attention to the fact that the number for 1902 is out seems out of place. During the twenty years of its existence it has steadily increased in size and value until now it is the best medium for the circulation of all that is new in medicine and surgery, including all special branches, that is offered. In making it what it is, the editors have spared neither time nor expense. No practitioner should be without this volume who desires to get, in a compact manner, the latest and best results of modern scientific investigation.

Davenport's Diseases of Women. A manual of gynecology for the use of students and general practitioners. By F. H. Davenport, A. B., M. D., assistant professor in gynecology, Harvard Medical School. New (4th) edition, revised and enlarged in one 12mo. volume of 402 pages, with 154 illustrations. Cloth, $1.75 net. Lea Bros. & Co., publishers. Philadelphia and New York, 1902.

The especial value of this little book lies in the fact that it is the product of the author's own large experience, and not a compilation of gynecological matter, as is too often found in modern works. For this reason unimportant discussions and vague theories are omitted, and facts supplied, and such facts as are of undoubted value to the reader. It gives in detail the methods of examination and treatment of the more common forms of diseases of the female organs, such diseases as the general practitioner meets every day and is called upon to treat. The book is neatly and substantially bound, has numerous illustrations, and the price is extremely low. To any one desiring a practical gynecology, this is most highly commended.

Cohen: A System of Physiological Therapeutics. A practical exposition of the methods, other than drug-giving, useful in the prevention of disease and in the treatment of the sick. Edited by Solomon Solis Cohen, A. M., M. D., professor of medicine and therapeutics in the Philadelphia Polyclinic; lecturer on clinical medicine at Jefferson Medical College; physician to the Phila-

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delphia Hospital and to the Rush Hospital for Consumption, etc. In 11 octavo volumes. American, English, German and French authors. Volume vi., Dietotherapy and Food in Health. By Nathan S. Davis, Jr., A. M., M. D., professor of the principles and practice of medicine in Northwestern University Medical School; physician to Mercy Hospital and Wesley Hospital, Chicago; member American Medical Association, etc. Published by P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia, 1901. Price for the set, complete, $27.50 net.

It would be a difficult task to discuss all the features of this valuable article in a review, and for that reason attention can be called to but a few of the salient points of the work. In the first place, it is divided into two parts. Part I. treats of the general principles of diet, and diet in health. Here are considered the chemical composition and nutritive value of various foodstuffs, their relations to the digestive organs, and the changes that must take place in them before they can be appropriated by the organism. Part II. considers the diet to be used in disease, beginning with a general consideration of the subject and then taking up each disease separately. Chapters II. and III. consider the diet to be employed in infectious diseases. Capter IV., diet in diseases of the stomach. Chapter V., diet in blood diseases. Chapter VI., diet in diseases of the intestines, liver and peritoneum. Chapter VII., diet in diseases of the respiratory system. Chapter VIII., diet in diseases of the circulatory organs. Chapter IX., diet in diseases of the kidneys. Chapter X., diet in diseases of the nervous system. Chapter XI., diet in diseases of the skin; and Chapter XII., diet in disorder of nutrition.

It will be noticed from this that the work covers thoroughly the diet for all the various diseases commonly met with, and each is given fully even to the risk of repetition. We cannot too highly commend the book to all practitioners.

Genito-Unitary Diseases and Syphilis. For students and practitione s. By Henry H. Morton, M. D., Clinical Professor of Genito-Urinary Diseases in the Long Island College Hospital; Genito-Urinary Surgeon to the Long Island College and Kings County Hospitals and the Polhemus Memorial Clinic, etc. Illustrated with half-tones and full-page color plates. Pages, xii 1372. Size, 9½x 7 inches. Price, extra cloth, $3.00 net delivered. Philadelphia, E. A. Davis Company, Publishers, 1914-16 Cherry street.

This work places this department of genito-urinary diseases upon the most scientific grounds of any treatise we have seen, from the simple fact that we believe the author has grasped most thoroughly the principles of bacteriology and pathology as related to the genito-urinary tract. Especial attention is given to chronic seminal vesiculitis, and the use of the cystoscope. Operations for stone in the bladder, and for enlarged prostate receive proper attention. Syphilis in all its manifestations is fully dealt with, and a great deal of space devoted to diagnosis and treatment. The reason for any particular form of treatment appeals strongly to the surgeon, who desires to do the best scientific work possible.

The Drug Habits and Their Treatment—A clinical summary of some of the general facts recorded in practice. By T. D. Crothers, M. D., Superintendent Walnut Lodge Hospital, Hartford, Conn., Professor Diseases of the Brain and Nervous

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System, New York School of Clinical Medicine. Pages 96. Price $1.00 net. G. P. Engelhard & Company, Chicago. 1902.

This little work comes in the capacity of a permanent settler, and aims to point out some of the general facts and conditions of inebriety, and to indicate the general possibilitits awaiting further research and study. It is a general discussion of a topic which will be treated by the author more exhaustively in a larger work now being prepared, and is an assistant to suggest lines of study and point out the direction for future inquiries.

A Practical Manual of Insanity. For the student and general practitioner. By Daniel R. Brower, A. M., M. D., LL. D., Professor of Nervous and Mental Diseases in Rush Medcal College, in Affiliation with the University of Chicago, and in the Post-Graduate Medical School, Chicago; and Henry M. Bannister, A. M., M. D., formerly Senior Assistant Physician, Illinois Eastern Hospital for the Insane. Handsome octavo of 426 pages, with a large number of full-page inserts. Philadelphia and London: W. B. Saunders & Co. 1902. Cloth, $3.00, net.

No graduate in medicine is thoroughly equipped to practice his profession unless he be acquainted with at least the rudiments of the science of psychiatry.

This work, intended for the student and general practitioner, is an intelligible, up-to-date exposition of the leading facts of psychiatry, and will be found of invaluable service, especially to the busy practitioner unable to yield the time for a more exhaustive study. Certain special features of the work, broadening its field of usefulness, are the mention of the forms of insanity not usually met with in hospitals, and the including of a comparative table of classification and a chapter on some of the ethical questions relating to insanity as they may arise in the practice of medicine. Indeed, it covers the field so completely, yet concisely and clearly .

Morphinism and Narcomania, from Opium, Cocain, Ether, Chloral, Chloroform, and other Narcotic Drugs; also the Etiology, Treatment and Medicolegal Relations. By T. D. Crothers, M. D., Superintendent of Walnut Lodge Hospital, Conn.; Professor of Mental and Nervous Diseases, New York School of Clinical Medicine, etc. Handsome 12mo. of 351 pages. Philtdelphia and London: W. B. Saunders & Co. 1902. Cloth, $2.00, net.

The alarming increase, in the last few years, of morphomania and the associated various narcomanias imperatively demands immediate attention by the medical profession. Every year the increasing prominence of the psychosis calls for more exact studies, with a fuller recognition of the conditions and causes of the disease. Medicolegally, questions of responsibility have been asked with increasing frequency, and there has been no literature, and no study of the subject to afford an intelligent answer until this present volume was initiated.

The special object of this work has been to group the general facts and outline some of the causes and symptoms common to most cases, and to suggest general methods of treatment and prevention. The object could not not have been better accomplished. The work gives a general preliminary survey of this new field of psycopathy, and points out the possibilities from a larger and more accurate knowledge, and so indicates degrees of curability at present unknown.

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A Hand-Book of Appendicitis. By A. J. Ochsner, M. D., Professor of Clinical Surgery, College of Physicians and Surgeons, Medical Department of the University of Illinois; Surgeon to the Augustana Hospital, etc. Pages 182. Illustrated. Bound in red cloth. Price, $1.00, net. G. P. Engelhard & Co., Chicago. 1902.

This little work contains ten chapters and fifteen illustrations and covers the ground very completely, giving the history, anatomy, etiology, classification, symptoms, differential diagnosis, treatment, including non-operation and surgical, with complications and after treatment. The treatment of appendicitis is still sufficiently new to be worthy of consideration as a special subject, and the book contains the conclusions arrived at after a study of much of the literature upon this subject, and clinical observations upon a large and varied material by the author.

The Cow Pea is the title of the latest publication issued by the Experiment Farm of the North Carolina State Horticultural Society, at Southern Pines, N. C. This book, neatly bound and illustrated in plain and concise manner, discusses the value and uses of this important crop, the cow pea. Every reader can get a copy free by writing to the Superintendent of Experiment Farm, Southern Pines, N. C.

The Treatment of Burns in Infancy and Childhood.

In a paper in Pediatrics for March, Charles Warren Allen says that when more than one-third of the cutaneous covering is involved in a severe burn the outlook is unfavorable. Aromatic spirits of ammonia is highly recommended to meet the indications of vital depression. Unless the child is too young for the drug to be used at all, opium in doses proportionate to the age may be employed until a quieting effect upon the system is secured. Picric acid, as a local application, in a one per cent. watery solution, has the effect of giving almost immediate relief from pain. and healing takes place rapidly under its use. It is best not to remove the dressing next to the skin, but simply wet this with picric acid and apply your absorbent cotton over this. By not changing the inner layer of dressing the pain is greatly diminished, and the danger of outside infection is greatly reduced. Iodoform is objectionable, both from its odor and the danger of iodoform dermatitis. A permanent bath offers one of the best means of securing comfort in the deeper and more extensive burns. For soothing purposes the old carron oil is the best known and the most extensively used. The most important point in that treatment of these conditions is to refrain from the removal of the dressing.—The Charlotte Medical Journal.

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PERSONALS.

Dr. Evans, of Anaconda, was recently a Helena visitor.

Dr. F. W. Vincent, of Pendleton, was in Portland recently.

Dr. T. J. Murray will open the new hospital about June 1.

Dr. Frazee has resumed his practice in Bryant, Oregon.

Dr. B. R. Freeland, of Ashland, was a recent Portland visitor.

Dr. Beal, of Salem, was recently in Albany visiting her sister.

Dr. Wilson Johnston, of Colfax, Washington, has gone East.

Dr. Wm. Hossfall, of Coquille, Oregon, was appointed Coroner.

Dr. Thomas, of Beaver Creek, was a recent visitor in Oregon City.

Dr. F. A. Bailey was in Portland recently on professional business.

Dr. Kennedy, formerly of Milton, has located at Lostine, Oregon.

Dr. W. C. Belt, formerly of Portland, has located in Nehalem, Oregon.

Dr. Charles Adam, of Tygh Valley, was a recent visitor in Portland.

Dr. A. C. Leggat has left Butte and will probably locate in St. Louis.

Dr. Damonretti, of Douglas, was a recent visitor in Juneau, Alaska.

Dr. E. E. Efner, of Blemoe. Iowa, has located at Lakeside, Washington.

Dr. Freund, of Butte, was in Helena recently on professional business.

Dr. Phillips, of Waterville, Washington, has located in Port Townsend.

Dr. S. S. Thayer, of Toledo, who has been on the sick list, has recovered.

Dr. F. W. McCrimmon, of Butte, was a recent visitor in Helena, Montana.

Dr. P. J. Scallon, of Coeur d'Alene, Idaho, was a recent Spokane visitor.

Dr. A. E. Cantelon, of Great Falls, has located at Gold, Butte, Montana.

Dr. J. L. Conroy, formerly of Barton, Md., has moved to Mt. Savage, Md.

Dr. E. E. Wolfe, of Michigan, has recently located at Hatton, Washington.

Dr. Waterhouse, of Weiser, was in Boise recently on professional business.

Dr. M. G. McNevin has returned to Butte after an extended visit in the East.

Dr. N. W. Goodenow, of Butte, Montana, has located in Odessa, Washington.

Dr. Jas. Braden, of Gold Hill, Oregon, has recently returned from Indianapolis.

Dr. J. T. Stewart, formerly of Chihuahua, Mexico, has located in Boise, Idaho.

Dr. C. Turner has succeeded Dr. M. G. McNevin as surgeon in St. James' Hospital.

Dr. J. Weimer, formerly of Great Falls, Montana, has moved to Kendall, Montana.

Dr. W. W. Walker, quarantine officer at Port Hill, was recently in Nelson, B. C.

Dr. Clarence Emery Wilbur, of Spokane was a recent visitor in St. Maries, Idaho.

Dr. Mabie Hughes, formerly of Battle Creek, Mich., has located in Salt Lake, Utah.

Dr. P. J. Sheeran has purchased a

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drug store in Dillon and will probably locate there.

Dr. J. S. Newcomb has purchased the office of Dr. Peck, of Everett, Washington.

Dr. Tullis, formerly of Garfield, Washington, has located at Scott, Washington.

Drs. Piggot and Pallister, of Butte, received licenses at the last state medical extmination.

Drs. Donnelly and Corner have become members of the Silver Bow Medical Association.

Dr. Hal. C. Wyman, of Detroit, Michigan, is visiting his brother, Dr. Hugh Wyman of Olympia.

Dr. Clarke, of Garfield, Washington, has gone to San Francisco to take a post-graduate course.

Dr. E. F. Gagen, of Haines, Oregon, has gone to San Francisco to take a post-graduate course in surgery.

Dr. D. B. Cate, formerly of Burns, but now located at Andrews, spent a couple of days in Burns recently.

Dr. W. W. Taylor, who was recently operated on for appendicitis, has returned to resume practice in Butte.

Dr. A. T. Munro, of Everett, Wash., has been visiting with Dr. H. E. Houston, of Kalispell, Montana, recently.

Dr. J. C. Waite, of Kendrick, Idaho, has gone to Juliaetta to take formal charge of his medical practice there.

Butte is to have a second medical society, organized by Dr. H. H. Hanson, to be called the Butte Medical Society.

Dr. Fell, who has been taking care of Dr. Belknap's patients in Prairie City, has returned to his home at John Day.

Dr. A. C. Leggatt, of Butte, Montant, has gone to St. Louis to take a position with the St. Louis Transit Company.

The many friend of Dr. Lamberson of Lebanon, Oregon, will be glad to hear that he is recovering from a serious illness.

Dr. Peck, who located several months ago at Everett, has decided to return to his old location at Colville, Washington.

Dr. Watt, Dominion Quarantine Officer, of Fort Steele, B. C., recently returned from an official visit to Tobacco Plains.

Dr. J. F. Blair, of Butte, Montana, has bought the Foster Sanitarium of Bozeman, and will take possession in a few months.

Dr. O. B. Whitford, after spending some time in the Southern and Eastern States, has returned to his home in Butte, Montana.

Dr. Charles S. Noble, who has been taking a post-graduate course in New York, has returned to his home at Sunnyside, Montana.

Dr. P. A. Davis died at his home at Silverton recently. He was a pioneer of this county, and had practiced medicine for many years.

Dr. J. S. Newcomb, assistant superintendent of the Medical Lake Asylum, was visiting relatives in Sprague, Washington, recently.

Dr. Ernest Hall, who has been spending the past two months in Redlands, California, has returned to his home in Victoria, B. C.

Dr. Harry E. Cliff, of St. Helens, was in Portland recently as a delegate to the Republican state convention from Columbia county.

Dr. Wm. J. Iliffe has returned to Clarkston, Washington, from Chicago, where he has been taking a post-graduate course in ophthalmology.

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Dr. T. J. Sullivan, formerly in charge of the County Smallpox Hospital ,has accepted the position of City Health Officer of Butte.

Dr. E. D. Steinkamp, of Granite Oregon, has gone to Toledo, Ohio, in response to a telegram stating his father was at the point of death.

Dr. Maud Allen, for the past seven years a medical missionary in Lodiana, India, is visiting her parents, Mr. and Mrs. E. W. Allen, of Portland, Oregon.

Dr. A. P. O'Leary has returned from the pest house and resumed his practice in the city, though he retains the official position of smallpox physician.

Dr. F. E. Smith, of Lakeview, has sold out his business to his partner, Dr. Lee Steiner, and will take up the practice of medicine in Salem, Oregon, in the future.

Dr. Service, who has had charge of the practice of Dr. Ernest Hall of Victoria, B. C., for the past several weeks, left for Toronto. He will go over the Great Northern via Chicago.

Dr. J. H. Brewer, who has practiced medicine for the past twelve years in Silverton, Oregon, has located in Salem, in order that his sons may enjoy the educational advantages of that town.

The following is a list of the recent medical graduates of the Willamette University: Frank E. Beauchamp, Walter W. Bruce, Orland W. Bean, James W. Thomas, Augustus E. Tamiesie.

Dr. J. T. Thornbury, who has been detailed all winter as assistant in the United States marine hospital at Port Townsend, Washington, has gone to Honolulu, whither he was ordered to report for duty with all possible haste.

Dr. Wm. Clay Cardwell, of Pomeroy, Washington, has gone to New York City to take a post-graduate course. He will give especial attention to affections of the eye. Surgery will also occupy a large share of his time.

The following M. D.s were successful in obtaining license to practice in Idaho at the last examination: J. C. Dwyer of Harrison, John J. Hamilton of Caldwell, W. A. Wright of Salt Lake City; John M. Taylor of Idaho Falls, and Messrs. Howard, Stewart, Avery Klienman, West and Bourke.

Dr. and Mrs. C. A. O'Leary, from New York, have made their home in Woodburn, Or. Dr. O'Leary recently graduted from the medical department of the University of Oregon. He is also a graduate of the New York University and obtained the A. B. and M. A. degrees at St. Francis Xaviers College, New York. He also was in Bellevue Hospital 18 months.

Dr. E. H. Thompson, one of the most widely known young physicians in the United States service, died at the Seattle General Hospital recently after a lingering illness. The cause of his death was typhoid fever. Deceased was 26 years of age. Dr. Thompson was one of the best known and most popular officers of the Coast and Geodetic Survey steamer Patterson. He was a Canadian by birth, his family living at Toronto.

Dr. Willard Smith, late of Cleveland, Ohio, has entered into partnership with Dr. Nicholas Molitor, a well-known physician of La Grande. Dr. Smith is a graduate of the Cleveland Medical School, 1898, ex-house physician of the Huron Street Hospital of Cleveland, Ohio, and was first man in his class at Jefferson, year 1900. The doctor received the B. M. E. at Corvallis, Oregon, in 1894 and honorary degree of M. S. from the same institution in 1901.

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MEDICAL SENTINEL

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ORIGINAL ARTICLES

The Relation of Psychology to Medicine.

By J. Allen Gilbert, Ph.D., M.D.
Portland, Oregon

Read Before the Multnomah County Medical Society, and the Portland City and County Medical Society.

There is a tendency, very noticeable in medicine, toward excluding psychological data as secondary and of little practical value, while emphasis is thrown upon the physical aspect of reality. If we admit the effect of body on mind, from the very nature of action and interaction the reverse becomes true and we of necessity must admit the entity and reality of mind for that which is not an entity can neither act nor be acted upon. Such a concession is all that is required to bring psychology and medicine into the closest possible relation. Otherwise psychology and mental diseases are engulfed in neurology, and nervous diseases and the relation of physiology to psychology would be merely that of producer and product, and psychic phenomena, like other symptoms, would be of value to medicine for diagnosis alone.

In dealing with the relation of psychology to medicine, therefore, two problems confront us, viz.: (1) to ascertain whether there is in psychology an entity or basis which will give psychology the right to be considered a science, and (2) to ascertain whether the activity of this entity is such as to bring it within the bounds of the practice of medicine.

The reception one meets in an audience of any size when he tries to discuss the former of these two problems is often interesting. Some, accepting the existence of mind and matter as a foregone conclusion, think one is fighting a man of straw in proving that which is already accepted by everybody as a matter of fact. Others look upon him with a sort of pity and have feelings tinged with disgust that in this day of scientific enlargement a man should be found who still believes in personality as a unitary entity Others feel bored with the prospect of a dose of metaphysics which is woefully and unjustly in disrepute among scientists. Still others realize that there is a problem there for solution, but, wearied and worried by its perplexity, despair of solving the enigma and yet, rewarded by a feeling of increasing consistency, dig away though disgusted at times by the maze of contradictions in which they find themselves. 'Tis to

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this last class I belong and to this class this paper is directed.

In a recent article by a professor of mental diseases in one of the prominent eastern medical colleges we read: "Mind, therefore, is not an entity, but an exhibition of force resulting from the collective functions of grey nerve tissue, not only of the brain, but the entire nervous system," and yet only two paragraphs from the above we read, "If man is 'the crowning glory of creation,' certainly is mind the most brilliant of the jewels in that diadem, that like a great beacon light casts its rays of intelligence to the entire world." Strange feat this for a non-entity!

Inasmuch as psychology lays claim to being a science, is there any reality or entity which can serve as a basis upon which it can stand without being out and out a product of physiological processes; or is there anything in psychology to justify her recognition by scientific medicine? If by this question we mean is there in psychology any entity absolutely independent of all other entities then our answer must be "no," for an independent unrelated object of experience is impossible. The ages have been busy trying to discover the unit upon which all reality is based, for the necessity of unity underlying the utter diversity which surrounds us is accepted by all. To this unit different names have been ascribed. Religion calls it God, philosophy calls it the absolute, science calls it nature, physics calls it force, psychology calls it mind—all names for one and the same entity viewed merely from different standpoints and under different circumstances. In himself, however, man finds the one real knowable fact, viz.: "You are—I am." This elementary fact of knowledge must be accepted as an axiomatic basis for further advance, as shown in previous articles. It is a strange paradox that throughout the history of thought men have demanded proof that they exist, and failing to obtain external proof of the fact, have relapsed into agnosticism, which is in itself a theory of knowledge. It is still more queer that men do not hesitate to give objects in the external world an abiding reality and yet deny reality to that consciousness upon which so-called things are dependent for their existence as things—mark you "existence as things," not "existence." We often forget that things, as extended objects in space, are constructed through a process of perception, tedious and irksome at first, to be sure, but soon accomplished with such ease and rapidity that we are prone to deny the existence of the process at all and posit things as objects ready-made by some mysterious mimeographic process.

One of two courses is open to us: either we must accept mind as an entity real and active or else we must consign all reality to so-called matter and look upon mind as a sort of unstable fleeting effervescence resulting from the action and interaction of material elements, thus confining therapeutics to a mere manifestation of purely physical forces without a psychic correlate.

Let us consider briefly a few of the reasons which seem to force upon us the former conclusion: First—Unitary existence is necessary to all thought, and physics has no real unit. To look upon mind as a sum of individual processes is but to beg the question, for the very term sum arises from a relation of parts one to the other and relation is impossible except in consciousness—a unifying entity. Science

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offers no real unit other than the unitary consciousness which every man knows himself to be. Even the unit of force is but an expression in terms of motion, i. e., space, which is subjective. The atom, which serves as the basis of physical theories is but a hypothetical unit derived from and based by analogy upon the unity experienced in conscious life. As an explanatory principle the atomic theory is faulty and in time will be found wanting. Second—Force and all conceptions relative thereto get their meaning from consciousness. Resistance, which is the essential meaning of force, is a conscious experience, and to attempt to define it is as vain as to attempt a definition of consciousness itself. To attempt a definition of any of the terms used to express ultimate reality, e. g., force, absolute, God, nature, mind, etc., is but to fall back upon the tautology, *"it is* that which *is."* Third—space has no objective reality and all the so-called qualities of things partake of consciousness. An attempt to ascertain how we come to know things about us reveals the fact that, whatever their ultimate nature, they respond to us only in terms of consciousness. In a general sense, nature has in her for each man what each man is capable of putting into her. Such a conception does not nullify external existence but merely brings it into most intimate relation to conscious life. Fourth and most important: Moral data and the conception of "ought" find no place in matter and force subject to the physical law of causation. Physical processes as such, based upon a mere equilibrium of molecular forces, recognize no obligations and that theory which is based upon a mere play of blind forces excludes those finer sensibilities which may be bunched under the term "ought." Nervous processes, however complex, are but physical processes and must be expressed, not in terms of sensation, but in terms of motion, which is the only way physics has of expressing activity.

The second general problem still remains to decide to what extent this entity can be brought within the bounds of the practice of medicine. Medicine is extremely practical, and for the most part the data with which it deals are extremely tangible and concrete when compared with the more evasive data dealt with in psychology. Consequently it is not to be wondered at that for so long a time psychology and the physical sciences held aloof from one another; but when psychology took on the more strictly experimental aspect an intimacy sprang up between the two which proved so close as to start a dispute as to whether the so-called new psychology should be called physiological psychology or psychological physiology. The former term has gained general usage, but the order of the terms makes but little difference: the intimate relation between the two remains the same. There is no way of experimenting upon consciousness except through the physical organism conditioning the same. Experimental psychology labors under extraordinary difficulties, for accuracy in experiment demands that observation must not change the phenomenon to be observed. However, stop to study your anger, and it vanishes; observe your own embarrassment and the increase in your own confusion defies systematic direction of the attention to it. However, this interaction of mind and body, involved in experimental psychology, gives the only ground upon which the practice of

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medicine finds anything of therapeutic service in psychology.

In diagnosis of certain diseases a knowledge of psychology is absolute ly indispensiable. The child speaks without a knowledge of either grammar or logic and yet for the finer distinctions in language both are necessary. Even so is psychology necessary in medicine. We perform properly the most complex acts without a knowledge of the underlying principles involved therein, and yet for a decision in the finer distinctions instinctive conclusions are found insufficient. Generally speaking, a man is normal when there is proper balance of intellect, sensibilities and will, but such divisions are arbitrary and do not fit the facts of the case. Analysis of any one of the three shows the utter impossibility of dividing psychic activity by any such arbitrary division. In any one psychic act is involved every principle of psychology—I might add of physics also.

Without discussing the psychological nature of the principle of suggestion the fact is not to be denied that it plays a most important role in therapeutics. We all tend to give active expression to any thought capable of such expresssion. Very few men have a perfect euchre face. From the simplest imitative movements of a child, repeating automatically a grimace or movement, to the most complex phenomena such as presented in the case of the celebrated Mrs. Piper we deal with the one problem of suggestion. The range of its applicability is limitless. It includes not only the case of the man who, unable to sleep because of the closeness of his room, and not successful in raising the window, broke the glass and then slept well, only to discover in the morning that he had broken the glass of the book case, not of the window, but it includes also the man who bled to death without shedding a drop of blood, killed by suggestion. Between two such extremes as this, it is almost needless to present as examples a host of minor facts in which suggestion acts as the causative agent. But few men can stand being told that they have heart trouble. Blisters have been raised, hunger appeased for as long as 14 days, nausea produced to the point of violent vomiting, et cetera. In short, we tend to see, hear and feel what we expect to see, hear and feel—a fact which needs no proof in that all have experienced it. The violinist very adroitly plays upon our imagination when, in his desire to give the impression of a diminuendo to absolute silence, he decreases the intensity to the softest tone possible, and then, raising his bow from the string, keeps it in motion, knowing very well that we will hear the faint tone which does not exist except in our imagination, and which only ceases when the bow stops. A stimulus of insufficient strength to stamp itself on the memory may yet call out an idea in the mind, as is nicely illustrated by the surprise one feels at encountering some one whistling the same tune we are humming. It was his whistling that started our humming, though we may not have remembered any such stimulus. What we know that we have experienced is not all that we have experienced. This calls up the theory of subliminal self and subconscious mental activitv which is as contradictory a conception as latent force, potential energy or inactive activity, the discussion of which inconsistencies we cannot now take up.

The power of suggestion to over-

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come the sense impression from physiological processes without changing the physiological processes themselves is manifested by the persistence of after images from objects rendered invisible by suggestion. For instance, a man from whom perception of blue has been removed by suggestion will still see plainly the yellow after image from looking for some time at a blue disk. Still more striking are those illusions in which we reverse judgment due to the invasion of an unexpected stimulus. If two cubical boxes are taken, approximately 17 and 3 inches respectively in their various dimensions and the smaller box be loaded with lead so that the two weigh exactly the same, the universal estimate of the relative weight of the two boxes is that the smaller box is much the heavier, varying from one and one-half to fifty times according to the individual. Why? Because we expected the larger to be the heavier and upon receiving the same stimulus in weight we reverse our decision. The same principle when applied to therapeutics becomes very interesting. For example, if Mrs. A., on being told she will be better, does feel slightly better this inspired sense of confidence only whips the suggestion to a still higher efficiency, but alas if she feels slightly worse. The reaction will then be in the opposite direction. In other words, if the external stimulus opposed to the suggested result is not sufficiently strong to overcome the physiological processes set up by the suggestion the expected result follows, but if the stimulus opposed to the suggestion is stronger than the effect of the suggestion an exaggerated contrary result from that suggested may be expected. The same law will apply to the confidence of the patient in the physician. He who oversteps the limits of the credulity of his patient may expect a rebound in loss of confidence as well as loss or reversal of the therapeutical effect of the suggestion. In using suggestion it is the man we must deal with primarily, the result aimed at being kept in the background. It would almost seem that with some men a fatal prognosis is the best stimulus to recovery, though the physician in such a case must be martyr to his therapeutics, for confidence in him is lost. It is our duty to treat the man in hand and inasmuch as he has a psychic nature we must appeal to psychology not only for help in diagnosis, but for therapeutical assistance.

The effect of the emotions upon physiological processes is everyday experience. To contend that we are sad because we weep and glad because we laugh is to reverse the true relation. Professor James, the author of this theory of the emotions, has himself retracted his tenets. The fact that great dread may prevent the secretion of saliva lay at the bottom of the "ordeal of God" in which the accused person was held guilty if he could hold rice in his mouth without wetting it.

The attention is also an important element to deal with in the treatment of mental and nervous diseases as in fact in any disease where time hangs heavily by monotony. Here life becomes—as the extremely significant German expression puts it—langweilig. Psychological time is measured by changes in consciousness, not by hands of the clock, and when time is observed it stretches itself out to enormous length. Diversion of the attention is essential. Often a change of residence is not so bene-

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ficial as the mere diversion necessitated in making the change. Where time hangs heavily the seeds of disease are already sown.

Closely correlated with attention is that much discussed subject of habit. It is nine-tenths physical—yes, ninety-nine one-hundredths in the adult. Physiologically speaking habits are but modifications of new tissue which ever afterward make the act in question progressively easier by frequency of repetition. Primary voluntary acts, however, are tediously spelled out, consciousness, struggling, as it were, over each letter. Under repetition the conscious element sinks so thoroughly into the background that we become mechanical to the extreme. You have perhaps heard of the old woman who slept every morning uninterruptedly through the firing of the sunrise cannon, but after the removal of the camp she was waked by the cannon's not going off at the usual time. The unusual whether positive or negative is a positive shock to the nervous system, and though the man roused from his studies by the stopping of the clock cannot at once figure out exactly what has taken place, yet his conscious state has undergone a radical change. Scores of hints are given to the practitioner through those subtle changes of consciousness the true nature of which he is unable to define and yet upon which he founds a diagnosis. Many a diagnosis is made without exactly knowing why and yet the one making it is confident of his ground. The rapid diagnostician does not arrive at his result by a sort of intuition but by rapid leaps he almost unconsciously excludes irrelevant data. He can't tell you himself how he does it. New paths have been cut enabling him to cut across fields, taking up the scent by some distant significant landmark rather than with nose on the ground tracing out each track, afraid to raise his head for fear of losing the trail. At first, however, he followed the trail in every detail. There is more than mere physiology in the formation of new tracks, for once started in the old path physiological habit will carry you over the same old line. It takes more than mere blind forces to follow paths not along lines of least resistance.

Almost every phase of the practice of medicine has been singled out by some and used in such a way that it has been handicapped in its true usefulness in the hands of the regular physician, and yet none must be ignored simply because it has fallen into bad hands. "A truth which is only half a truth is ever the worst of lies." Osteopathy is at best but half a truth. Of the hydropathist we will say nothing, for mother nature has surely given her sanction to him here in Oregon. Christian Scientists and the general class of faith healers have selected a valuable principle, but they have carried it to such ridiculous extremes that they have brought it and themselves into disrepute. We must not be too partial, however, in our criticisms, for the step from Christian Sciense to the infinitesimal dosage of the true homeopathic practitioner, whom we accept as a sort of step brother, would seem to be more logical than real. Furthermore, even the most reputable of physicians must be on their guard continually in order to avoid that proverbial "falling into a rut."

A further consideration of the psychology of sleep, double consciousness, automatism, hypnotism, telepathy, subconscious states, insanity, et cetera, comes properly un-

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der my subjcet, but time forbids.

The only method by which medicine and psychology can be of full value to each other is for each to accept the other in full confidence and understanding.

The Prevention of Laceration of the Perineum in Labor.

G. B. Twitchell (N. Y. Med. Jour., Dec. 28) regards a certain number of perineal tears as unavoidable, but many may be prevented by proper care. It is of primary importance to keep in the vagina a lubricant to facilitate the normal extension. The natural lubricant should be preserved. Digital examination removes a great deal of the lubricant and gets the perineum ready for a tear. The vast majority of digital examinations made during labor are without reason. External palpation should be practised more. Delaying a precipitate labor by chloroform will save the perineum in somecases. In a protracted labor the extraction of the head with the forceps applied before the vagina becomes bruised and dry, will prevent many lacerations, especially as the head can be extracted between pains. M. A. Walker thinks that in many cases it is necessary to retard delivery long enough to allow the pressure of thepresenting part to soften and stretch the outlet. Both subjective and objective measures are useful; subjecive, such as the mother's refraining from the use of voluntary muscles; objective, as pressure applied by the accoucher directly to the presenting part, retarding its progress and directing its advance through the axis of the outlet. An anesthetic may be required toward the end of the second stage, chiefly for its property of preventing voluntary and lessening involuntary muscular contraction in case of endangered perineum. J. L. Andrews says the whole subject of prevention of perineal laceration may be summed up in a few words, by (1) patiently and persistently endeavoring to bring the longest diameter of the presenting part in relation with the longest diameter of the outlet, and (2) by securing perfect dilatation of the soft parts. Proper position of the patient is important and he insists that, ever the position, the vulva must be thoroughly accessible to sight and touch. An intelligent use of chloroform or ether, and the proper use of the forceps, are important helps. Many lacerations of the perineum are caused by the passage of the shoulders. These are much less excusable than head lacerations. If undue haste is avoided, and the head lifted upward, one shoulder will be behind the symphysis, while the other is safely borne over the perineum.—International Medical Journal.

New Treatment of Continuous Vomiting of Pregnancy.

M. R. Condamiin (Lyon medical) advises absolute rest of the stomach with complete suppression of all liquid and solid nourishment for from eight to ten days. During this time, three or four quarts of artificial serum are injected daily, preferably into the rectum. If intolerance should appear on the part of the rectum, a few drops of laudanum may be added to the serum, or it may be administered subcutaneously. About the tenth or twelfth day, a few swallows of fluids may be allowed, and the ordinary diet may be gradually resumed. The author reports one typical case, and believes that many cases may be carried to term in this way, in which, otherwise, abortion would result or would have to be induced.—N. Y. Medical Journal.

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Ectopic Gestation, With Delivery of a Living Child at Term.

By E. F. Root, M.D.
Salt Lake City, Utah

Read Before Idaho State Medical Society, Pocatello, Idaho, October, 4, 1901

The case of ectopic gestation, at term, with delivery of a living child, which I am about to detail to you, was one of great interest to me and my associates, and on account of its rarity, I trust will prove interesting to you.

Few have the fortune or misfortune to have the care of such a case, but all physicians in general practice should be able to recognize the condition, for who knows he will not have a similar case to deal with.

Mrs. J. E. B.—aet. 40. Called me to attend her in confinement on July 18, 1900. I had seen her one week before when she thought she was about to be confirmed, but her pains quickly subsided and she had no symptoms for one week. She seemed then to be in the early stage of labor, pains regular, but it seemed to me the effort was more voluntary than they should be. I made an examination and was convinced the pregnancy was extra-uterine. I called Doctor P. J. McKenna who confirmed by diagnosis.

I then got a history of a very severe sick spell in January preceding. At which time I think the rupture and escape of the fetus into the peritoneal cavity took place. After six weeks she regained her usual health and had no symptoms, excepting hematuria, until the labor began. She had had two children, the youngest fourteen years old. She was of medium height but very fat, weighing 240 pounds.

The hematuria I had known of for one week but could not account for it. She was prevailed on after two days to go to the hospital for operation. After as thorough preparation as possible a median incision was made and the sac incised after it was found to be apparently firmly attached to everything. The child, a girl, weighed about six pounds, was extracted and the cord tied. A great quantity of fluid came from the sack.

The placenta was attached in part to the abdominal wall in front, and to the intestines. It was decided to leave it without packing, and close the wound. I felt more afraid of the sepsis which was sure to follow with an open wound than to trust to the closed method. I hoped to do a second operation to remove the placenta and the membranes should they cause trouble No examination was attempted to find the uterus or tubes and ovaries, for, as I stated, the sac was firmly attached and prevented any examination without more injury than I cared to inflict. At the first examination the uterus was made out about the size of a three month's pregnancy, soft and flabby. There was very little bleeding from the uterus throughout. The abdominal incision was carefully closed after cutting the cord short.

The patient was very dull and apathetic when I first saw her and remained so until after the operation, when she seemed brighter and more rational for a few days. She then lapsed into the dull condition and gradually grew delirious. At

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the end of ten days I was compelled by the solicitations of the husband to allow her to be taken home. The operation to remove the placenta and sac was refused and the patient gradually grew worse and died on the 28th day after operation. The child did well for four days when it suddenly collapsed and died. I was unable to get an autopsy in either case.

This patient undoubtedly died from poisoning from the putrid placenta and membranes. But I believe the condition of the kidneys was a factor in the case.

Hematuria was a marked feature from the beginning. The great weight of the patient and the July heat complicated matters also.

The salient point in my operation is probably closing in the placenta. But I considered the risk less so than leaving the enormous surface exposed to the infection that was sure to come if the wound was left open. As my wound healed at once throughout, I believe the operation was asceptic, and whatever sepsis there was came from the breaking down of the placenta.

H. A. Kelley in his book says the attempt has been made successfully to close in the placenta and trust to the aseptic character of the operation.

He also says the danger is excessive in leaving the placenta to slough out when the wound is left open.

Of course, if the placenta and membranes are attached in such a way as to be removed if possible, the case is then no more complicated than one of simple tumor.

Charles A. L. Reed, advises always packing down to a live placenta.

H. A. Kelley tabulates the operations from all sources from 1809 to 1896. He found 77 cases—seven cases in this country. Of the first 37 cases less than 26 per cent were saved. This covers from 1809 to 1888. Of the last 40 there were 67 1-2 per cent of recoveries. This covers from 1889 to 1896. The difference in the percentage of recoveries must be due to the more perfect asepsis. Martin of Berlin was the first to do an enuctration of the sac unruptured.

I have been unable to find a list of the cases operated since 1896, but they have certainly been few. Most of the children delivered in the way have died at birth or only lived a few days.

Skin Eruptions in Bright's Disease.

..Prengle (Practitioner, London,) gives Thursfield's classification as follows: (1) The affections which characterize (or may arise in) the early stages of renal disease: pruritus, uticaria, eczema; (2) those which occur in the final stage and in uremic conditions—the universal erythematous, bullous and desquamative eruptions; (3) purpura and other hemorrhagic eruptions; (4) those affections which are seen only with marked edema. The author states that the process is probably similar to that by which eruptions are caused in septicemic or ptomain poisoning, i. e., toxins acting through the vasomotor and tropic nerve systems. It is certain that neither urea nor uric acid is the toxic substance at work, and it has been suggested that substances of aromatic group which reduce Fehling's solution and which are frequently present may be the active agents; but no cogent evidence has been adduced on this point.—The Charlotte Med. Jour.

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Rupture of Bladder During Operation for Pyo Salpinx.

By J. William Scamell, M.D.
Aberdeen, Wash.

Read Before the Chehalis County Medical Society, March 4, 1902.

I do not intend to enter into medical or surgical literature, citing cases or what not, but wish to give you my experience with an unfortunate occurance.

The patient, female; age, 20 years; small built, consulted me for what she termed indigestion. She complained of pain in her left side and top of head, disordered stomach, nervousness, pain in urination, in fact a great many various symptoms.

She gave a history of an abortion having taken place some six to eight years previous to consulting me. I examined with speculum and noticed a bulging on right side of vagina, also that uterus was turned and pointed to left of median line.

On digital examination presence of a tumor noted very distinctly, and at a later date Dr. Pearson examined the case with me and confirmed diagnosis, and an operation advised.

No fluctuation could be detected, tumor appearing quite hard and adherent to surrounding structures.

Operation, abdominal; incision, 3 inches long; median line between umbilicus and pubes.

On exploration, right ovary, tube and broad ligament were all in a mass with the pus sac which extended down to Douglas cul de sac.

I proceeded to break up the adhesions which were very dense and abundantly attached to portions of intestines, bladder and uterus and was progressing nicely when I was astonished by a sudden gush of pus, blood and some fluid which I took to be urine. I immediately irrigated pelvic cavity with 3 to 5 gallons hot normal salt solution until washings were quite free from pus, but still there continued a considerable amount of hemorrhage. I confess I was quite puzzled and alarmed for a few moments but by sponging carefully I discovered that I had torn open the wall of the bladder for some 2 inches. I proceeded to suture the bladder wall with 6 interrupted silk sutures and effectually controlled hemorrhage. I then finished breaking up further adhessions of sac and removed right ovary and tube and completed the operation without drainage.

Patient very weak, pulse quite rapid and continuous rise of temperature for some week or ten days.

Urine drawn with catheter within 12 hours and contained considerable blood.

Following this patient urinated without catheter but with considerable pain. Mensuration commenced at about 5 days after operation quite abundant. In three weeks patient sat up and two weeks later left the hospital; consulted me some two months later for pain on urination which has finally disappeared entirely.

I did not write this paper gentlemen in order to give any operative

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experience, but simply to show with what care and hidden dangers we are liable to come in contact with in such cases.

Cancer of the Skin.

In the Journal of Cutaneous and Genito-Urinary Diseases for April, 1902, J. A. Fordyce, M. D., professor of dermatology, Bellevue Hospital Medical College, in an article on "Cancer of the Skin," states in part:

"The malignancy of epithelial cancers depends rather upon their structure than their location. We are able, in a general way, to arrive at certain conclusions regarding the relative malignancy of cutaneous cancers from a histological study of their structure and the manner of their growth. The lowermost layer of the epidermis and the outer root sheath of the hair follicle are separated from the derma by a stratum of columnar cells, which have the same relationship to certain cutaneous cancers that the basement membrane of glands has to carcinomas starting in these organs. An intact basement membrane prevents the proliferating glandular epithelium from infecting the surrounding tissue, so that we have an adenoma-like growth before a carcinoma.

"Circumscribed, non-infiltrating epitheliomas are readily cured by excision of caustics, and show little tendency to recur. On the other hand, chronic infiltrating rodent ulcers quite as often after excision as after the use of the curette and suitable caustics. Curettage alone, without the subsequent use of active caustics, like arsenic or chloride of zinc, spreads the growth by opening the lymph vessels, and more readily permits absorption and dissemination of the cancer cells. Caustics destroy the cell growth which is beyond the reach of the curette, and if repeatedly used when the slightest recurrence shows itself many infiltrating epitheliomas may be radically cured with less destruction of tissue than by the purely surgical methods. It is in this class of cases (Chronic infiltrating rodent ulcers) that such brilliant results have been attained by the Roentgen rays."—Med. Age.

A Clinical Lecture on Idiopathic Dilatation of the Esophagus.

Swain (British Medical Journal, November 16, 1901) states that dilatation of the esophagus which exists without any obvious mechanical obstruction is a rare condition. The author reports the case of a woman aged twenty-six years, who complained of difficulty in swallowing and a sensation of choking, followed by vomiting, especially at night. There was difficulty in swallowing and considerable pain in the chest, which, however, was relieved by vomiting. Examination showed that a tube could be easily passed into the stomach. After washing out the stomach through the tube and when withdrawing it about eight inches, undigested food could be washed out of the esophagus. The reaction of the fluid removed from the stomach was acid, while that from the esophagus was neutral. Treatment has not proved very satisfactory—electricity, tonics and feeding with the stomach-tube have given no relief. A comparative degree of comfort only has been obtained by the ingestion of soft foods and the systematic lavage of the dilated esophagus. The question of gastrostomy has been considered, but has not been thought advisable as long as the patient is keeping up her nutrition.—Edinburg Medical Journal.

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EXTRACTS

PINUS CANADENSIS.

Written for The Medical Sentinel By W. W. Pennell, M. D., Fredericktown, Ohio.

I have used S. H. Kennedy's Extract of Pinus Canadensis in quite a number of cases of leucorrheoa with benefit. It was also serviceable as an injection for vesical catarrh, and especially was it benefical, when boric acid was combined with its solution, in these annoying troubles of the aged, resulting from enlarged prostrate and retention. In using the catheter, these patients could wash the bladder through the catheter with warm water and afterwards use the Pinus Canadensis solution and boric acid, thus controlling mucous discharge and fetor. It was also found to be of service in obstinate eczema and was used as follows:

℞ Pinus Canadensis-White ℥ii
Oleum Cadinum ℥i

M. Sig. Apply three times a day, avoid washing as much as possible. It made an excellent mouth wash for any form of stomatitis, and gargle for follicular tonsillitis, though cases responded more readily when it was

℞ Pinus Canadensis ℥iv
Listerine ℥ii
Aqua warm q.s., ad. ℥iv

M. Sig. Use every hour.

In the Dark Extract of Pinus Canadensis was found a valuable treatment for profuse expectoration in phthisis and bronchitis, and the White Extract a first class article for inhalation by spray in the same conditions. The Dark Extract was used in a number of cases of duodenal catarrh, and chronic gastro-duodenal affections, and with benefit, though in both conditions its action was materially assisted by phosphate soda.

℞ Pinus Canadensis ℥iv
Soda Phosphatin ℥v
Aqua warm q. s., ad. ℥iv

M. Sig. One teaspoonful before each meal.

A Wise Coroner's Jury and Eddyism.

In Michigan recently, a Wayne county coroner's jury returned the following verdict in the case of a believer in Eddyism who died without medical attendance:

"We find the deceased came to his death as a result of a complication of diseases, mostly acute in form and character, and that his end was untimely and most miserable, owing to his being denied the medical supervison and treatment which by the common consensus of the best opinions of the most enlightened of mankind and the accumulated experience of all time has demonstrated to be necessary and imperative in the proper prevention of disease and death, and the human amelioration of human suffering. We find inhuman treatment accorded said deceased was by a so-called sect of Christian Scientists' in disregard of all basic and physiological laws."

We have more than once had occasion to criticise the decisions of coroners' juries and it is therefore a positive pleasure to quote one that deserves only commendation as in this case. There were, it is said, some peculiar features in this case; among them an internal abscess, of course undiagnosed, but the physicians who made the post mortem saw nothing that would have prevented recovery under proper medical or surgical treatment. "Absent" treatment by an Eddyite practitioner was sought for but was claimed to have been ineffective because he could not read cor

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rectly the name as sent to him, thus showing one of the limitations of Eddyism; the little god of the Eddyites can do nothing with bad writing. As the Detroit Free Press says in editorially noticing the case, from one point of view the subject is too ridiculous to be seriously discussed. In another, however, it shows a serious condition of affairs; owing to the laxity of our law-makers and law administrators and the general public delusional apathy this kind of manslaughter, to use no harsher term can be committed with impunity and only rarely does it receive such a wholesome condemnation by any legal authority. The Michigan jury, however, did its duty and we are glad to have the opportunity to notice the fact.—Jour. of the Am. Med. Assoc.

Operation for Epityphlitis in the Free Interval; Enteroanastomosis.

Martin (Centralblatt fur Chirurgie, September 28, 1901) states that Jaffe recommended entero-anastomosis as the best operation in the free interval for those rare cases of epityphlitis in which it is impossible either to find the appendix or to remove it. Jaffe reports two such cases, in each of which he resected the cecum, but both developed a fecal fistula, while in another case he performed entero-anastomosis after a long and fruitless search for the appendix, but the case died of peritonitis. As a result of this experience Jaffe has since stated that he believes enteroanastomosis to be an operation of no value in this type of cases. The author reports the case of a man who had repeated attacks of epityphlitis during three years, the attacks recurring at shorter intervals, with finally the formation of a tumor in the ileocecal region, severe pain, and other symptoms of intestinal obstruction. As a result the patient was incapacitated from his work, and operative interference was decided upon. On operation it was found that the ileum was bound down to the cecum with old tight adhesions, and as a result it was impossible to find the appendix so, the ileum was then anastomosed with the colon and the wound closed. The patient made an uninterrupted recovery except for attacks of slight pain in the ileocecal region. Although it is impossible to draw results from one case, still this case shows that in those cases of relapsing epityphlitis, operated on in the free interval, where the appendix can not be found except by a prolonged search, or even then not at all, it is much better to perform entero-anastomosis at once than to endanger the patient's life by a perhaps fruitless search for the appendix.—The Am. Jour. Med. Sciences.

Erysipelas.

℞ Ichthyoli,
Adipis lanae hydrosi, aa ʒ j.

M. Sig. Apply freely and constantly on new cloth.

℞ Pilocarpinae, hydrochloratis gr. j.
Sach lact., gr. xij.
Alcohol, q. s.

M. Ft. tabellae triturationes No. viiij. Sig. One in every six hours.

Indication.—Used only in sthenic subjects.

℞ Liq. plumbi subacetatis, fl. ʒ ij.

Sig. Add to one quart water and keep applied on soft cloth.—Ex.

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JUNE, 1902

MEDICAL SENTINEL

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Changing Methods in Care of Its Insane.

At the recent meeting of the State Conference of Charities of the State of California, held at the time the editor of this journal was in San Francisco recently, Dr. Samuel G. Smith of St. Paul gave an explanation of the control of charities in the Associated Charities in St. Paul. He has been on the Board of Charities of Minnesota for seven years and has had a wide experience in state insane asylums, at home and elsewhere. The title of his paper was: "Modern Methods of Dealing with the Insane."

Dr Smith said in part: "I have no knowledge of the insane asylums of your state, so speak without prejudice.

"I want to criticise the classical method of dealing with the insane. According to this method the insane are herded together in a large structure and divided into classes, the noisy and the dirty.

"It is said that there are 5500 insane patients in California. I maintain that there are not this number of insane who need to be incarcerated and I am free to speak from my wide experience on this subject. In the care of the insane we are where prison reform was 100 years ago.

"Insanity consists in disorder of the physical organization of the mind and the conduct. It may arise from either disorder of organization or disorder of the mind. California is called a dis-

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ease of civilization. California twenty years ago had a smaller proportion of insane than any other portion of the community. This was explained on the ground that the people who had come to California were chiefly the young and vigorous.

"Now the proportion is very different. Why? Perhaps because you care for the insane so well that they do not die rapidly.

"All the causes of insanity may be resolved into two: One, in organization, an instability of the nervous system; the other, a stress—stress of trouble, stress of work or stress of dissipation.

"In primative times maniacs were killed. Then the idea developed that insanity was wicked and a maniac practically a criminal. Means of physical restraint were used, chains and other means of torture.

"This form of treatment is no longer used in any institution.

"Maniacs are divided into the acute insane and the chronic. The acute are those who have been insane only a year. If a patient does not recover after a year or, at most, two years, the chances of his recovery at all are very slight.

"The per capita treatment of insanity, that is, measuring the expenses of an asylum on the basis of the lowest amount is both the most expensive and the most inhuman. Does not a patient in the first twelve months, when his chances of recovery are the best, need the most careful treatment, massage, Turkish baths, delicate food and specialized medical attendance?

"It is more economical to give this patient the best treatment possible in the first twelve months and thus a chance of recovery than to keep him in an asylum for twenty years.

"A man who had a strong mind to start with would be made insane after staying some time in the dark corridors of an asylum. The patients are given no systematic work and one of the first conditions of a healing mind is systematic work.

The best form of dealing with the chronic insane is that used in Wisconsin. Many old people who are perhaps a little queer and disagreeable are, in other systems, railroaded into an insane asylum instead of being taken care of by a loving son or daughter. The money should be spent on the acute insane, and the chronic insane treated in small detached grounds.

"There should be institutions intermediary between the home and the insane hospital, as the early treatment of the insane is the most important.

"The study of the beginning of insanity in the child is even more important than the treatment of the acute insane. Children are born with unstable nerve organizations from diseases in the family as well as from insanity. In the care of nervous children, never properly understood, we should come close to the prevention of insanity. The time will come when a state like California will not have more than 1000 insane. The real science is the science of prevention.

"I don't plead for the reproduction of any system. Each state is the best judge of its own needs, if it will learn from the experience of other communities.

"I would have you cultivate hope, in your problems. Out of the disorders we have inherited we are one day to be delivered. If there is one doctrine I believe in more than another it is the practicability of human nature."

Dr. Leonard Stocking of Agnew's Asylum said in reply:

"Dr. Smith has opened the doors for an extensive discussion. I fear that he has given you an erroneous impression of the care we are giving the insane. The institutions in California

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do not afford opportunities for the best classification. The buildings have all been constructed on the old plan. Our institutions, however, are not so far behind the times that we are not giving the insane the most careful attention. What Dr. Smith says about the care of the acute insane is true. I am as strong an advocate as he of the segregation of the acute insane, I lament as much as he the poverty of our resources in dealing with the insane in early stages.

Washington State Medical Society.

The coming session of this association will be held in Tacoma Tuesday, June 24th, 25th and 26th. If the array of Eastern medical lights secured is any evidence of what the session will be, it is to be a splendid medical gathering, one of the best which has ever been held on this coast.

Dr. Simon S. Flexner, Professor of Pathology in the University of Pennsylvania, will present two papers, one on "Bubonic Plague" and the other on the "Pathology of Diphtheria."

Dr. A. D. Bevan, of Chicago, so well and favorably known in Portland, where he formerly resided, will read two papers, one on "Renal Calculus" and another on "Local Anaesthesia."

Dr. C. W. Wilson, of Chicago, associate professor of surgery with Dr. Bevan in Rush Medical College, will present two papers, one of which will be on "Puerperal Infection," the other the subject of which has not been announced.

Dr. J. C. Watkins, orthoepadic surgeon of San Francisco, will present a paper on "Talipes Equino-Varus Congenitus."

Dr. T. W. Huntington, of San Francisco, will have a paper on "Exophthalmic Goitre Treated by Removal of One Lobe of the Thyroid."

Dr. J. T. McMonagle, of San Francisco, who has also promised to be present, will discuss a subject which has not yet been announced.

Several papers from Portland physicians have been promised, Dr. Woods-Hutchinson being down for a paper on some topics touching the subject of the so-called uric acid diathesis. Dr. Henry Waldo Coe will present a paper on "The Melancholic Man," and Dr. R. C. Coffey will have a paper in which he will present several recent procedures in surgical practice demonstrating some attractive original work which the doctor has been doing for the last two years, such as gut surgery, venous transfusion and other topics.

We have not yet received a list of the papers to be presented by the Washington medical men, but are told that more than twenty papers have been promised, with a prospect of several others. These Washington papers alone would make an extremely valuable and interesting session, as the Washington doctors are the very salt of the earth and their literary and scientific productions will always line up well with those of the very best of the land anywhere.

Tacoma on several occasions, operating under unfortunate local conditions, has turned out some splendid medical meetings, and where things are booming as they are in that city, and with the united profession back of this gathering, there is no question but that the coming

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meeting will be one which would well pay anyone upon this coast, or anyone in the far West to make a special effort to be present.

Dr. P. B. Swearingen, who is chairman of the executive committee, with his excellent local assistants and the officers of the state society, make a working force which are doing glorious work for this meeting. The present officers of this society are: J. W. Bean, Ellensburg, president; F. H. Coe, Seattle, vice-president; Arthur F. Coe, Spokane, secretary; J. B. Eagleson, H. B. Luhn, G. S. Armstrong, W. C. Cox, executive committee.

EDITORIAL NOTES

Dr. Allan Fowler Dead.

Dr. Allan Fowler of Salt Lake recently succumbed to an attack of pneumonia, dying at the Holy Cross Hospital in Salt Lake, where he has for over thirty years been a prominent figure and a man of great popularity. Dr. Fowler made a good deal of money in mining ventures and had gone out of general practice several years previously, except in so far as Holy Cross hospital was concerned, which was a pet project of his, and which he financially helped at various times in a liberal manner. He was a man well loved by all in Salt Lake and the whole west meets a loss in his death.

Utah Medical Society

Under society proceedings we are publishing in this issue a report of the late meeting of the Utah State Medical Society. From the reports which we have received of the session we believe it to have been one of the very best sessions which this society has ever held The attendance of members and visitors was fair, although there were not as many Salt Lake doctors in attendance as possibly should have been.. A number of new physicians joined the society and the officers just elected are: President, Dr. A. C. McLean, of Salt Lake; Dr. W. T. Dalby, Salt Lake, first vice presipent; Dr. G. W. Baker, Ogden, second vice president; Dr. W. S. Ellerbeck, Salt Lake, secretary; Dr. J. N. Harrison, Salt Lake, treasurer.

The president will later nominate the trustees and committees.

A sumptuous banquet was held at the close of the meeting at the Knutsford Hotel, and a local paper says that it required a recruiting officer to round up the remarks at the close of the session which occurred towards "day light." One or two members who were present from abroad have been full of praise of the excellence of the meeting and the thoughtful courtesies which were extended the visitors. Portland was represented by Dr. R. L. Gillespie, who had a paper on "Petit Mal, the Symptomatology of the Minor Epilepsies and the Importance of Their Early Recognition." The officers of the late meeting were: I A. E. Lyons, president, Salt Lake City; Philo E. Jones, M. D., first vice president, Salt Lake City; R. E. Steels, M. D., second vice president, Lebi; J. N. Harrison, M. D., treasurer, Salt Lake City; Geo. E. Robison, M. D., secretary, Provo.

Southern Oregon Medical Society

Under society proceedings will be found a brief report of the recent meeting of the Southern Oregon Medical Society. This asspociation has been doing very good work for a number of years and the men who are connected with it are entitled to much credit for having kept it alive and that its ses-

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sions have always been held with regularity and certainty from year to year. The new officers of the society are Dr. D. M. Brower of Ashland, president, and Dr. M. F. Shaw, of Ashland, secretary-treasurer.

Montana State Medical Society

One may realize that the frontier state of Montana has been settled by scientific men for a good many years when we note that the recent meeting of this association held in Anaconda on the 21st and 22nd of May was the 22nd annual gathering of the medical association of Montana.

The officers of the society were: President, Dr. T. J. Murray, Butte; first vice president, Dr. T. J. McKenzie, Anaconda; second vice president, Dr. Louis Burnheim, Butte; secretary, Dr. B. C. Brooke, Helena; treasurer, Dr. Geo. H. Barbour, Helena; corresponding secretary, Dr. Leroy Southmayd, Great Falls.

Judiciary Committee—Dr. J. W. Gunn, Butte; Dr. R. Horsky, Helena; Dr. F. J. Adams, Great Falls.

Committee Necrology—Dr. W. L. Renick, Butte; Dr. T. H. Pleasants, Helena; Dr. I. Freund, Butte.

City and County Medical Society Change

Dr. Wm. Jones at a recent meeting of the Portland City and County Medical Society presented a resolution, which was, under the rules, laid over for the following meeting, which provides that applications for membership shall be submitted to a committee consisting of the president, vice president, secretary and the board of censors in place of requiring the vote of the entire society, as the by-laws at present provide. Dr. Jones presented this resolution with a statement that he felt that the City and County Medical Society could not occupy the position to which it is entitled until the membership should be more general than it has heretofore been.

If this proposed change is to put the society upon a broader basis, the Medical Sentinel thinks the alteration would be an act of wisdom and that Dr. Jones is therefore to be congratulated upon having hit upon it.

NOTES

Dr. Woods-Hutchinson, Portland, Ore.

The Portland Society will be honored by the presence at the Washington State Medical Society of Dr. Woods-Hutchinson of this city. The doctor's scholastic attainments, his public experience and his ability to present lucidly facts which he thoroughly understands makes him a valuable member of any medical society. Although comparatively a new comer in Portland, the City and County Medical Society has learned to look upon the doctor with very high regard and to give to what he says more than ordinary credence. His paper at Tacoma upon the so called Uric Acid Diathesis will be one of the best papers of the coming session.

Seattle Doctors, Take Notice!

The Sentinel feels like saying again to the Seattle doctors that there will be an opportunity on the 24th, 25th and 26th of June to show not only brotherly love to their confreres in Tacoma but also to demonstrate their appreciation of the thoroughly scientific medical program for which Tacoma doctors have worked up so assiduously. We know that on some occasions in the past Seattle has not done just what she should do when the meeting have been held in Tacoma, and feel

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that now is a good time for the doctors of the greatest town on the Sound to show themselves and demonstrate their medical patriotism.

Eastern Oregon District Medical Society.

Do not forget the next meeting of this society which will be held in Hot Lake, Oregon, July 16, 1902. The President Dr. W. J. May of Baker City writes us that the prospects for a large and enthusiastic attendance is very flattering.

The Spokane Board of Health.

Dr. C. S. Kalb has been elected as President of the Board of Health of Spokane in place of Dr. W. F. Morrison, whose term of office has expired. Dr. Morrison was a member of the Board for three years, last year being president, having served with much satisfaction to the city.

Tubercular Congress.

Dr. George Brown of 312 Ostell Bldg., Atlanta, Ga., who was a delegate to the British Congress of Tuberculosis last summer, is taking up the question of an American Congress of Tuberculosis along similar lines to the British Association, to be held in 1894, at the time of the meeting of the St. Louis Congress. The idea is a good one and there is no topic of medicine of greater importance than that of tuberculosis.

The Cream of Tartar Baking Powder.

Some of the newspapers lately have been carrying an advertisement in reading matter, making an attack on the Royal Baking Powder, in which the claim is made that the alum and ammonia powders are equally as good as the true cream of tartar products, such as the Royal and one or two others. Of course there would be no use to present a statement like this to the medical profession with the hope that it would be believed, but this action demonstrates the fact that the medical profession has something yet to do in educating the people upon some of the very common facts in every-day hygiene.

A Strange Disease.

Dr. Harry F. McKay, County Physician for Multnomah County, is entitled to the thanks of the medical profession of Portland for his thoughtfulness and courtesy in arranging for the examination of two remarkable cases which recently came under his observation and care. The City and County Medical Society adjourned to examine these cases and much discussion resulted on account of differences of opinion held by the doctors touching the case. Dr. McKay's opinion is that the cases are lupus, in which he is backed by several other local medical men, however others upheld the theory that the cases are syphilitic.

Nurses Graduate, St. Vincent Hospital, Portland.

Elsewhere will be found the list of new nurses who have just taken their diplomas at the training school of St. Vincent's Hospital, Portland, Oregon. The occasion of the graduating exercises of the school was a very happy one. The address of Dr. Andrew C. Smith to the graduates was one full of wisdom and good advice to those new aspirants for personal honors along nursing lines. The doctor's remarks were extemporaneous and were given in his usual easy and pleasing manner and what he said will no doubt

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long remain in the minds of those whom he addressed, and be of much guiding value to them in their future work.

Dr. Wm. Jones presided, and Hon. George H. Williams and Archbishop Christie took appropriate part in the exercises, and the large community room of the hospital was more than filled with visitors. A collation was spread at the close of the exercises at which the doctors in attendance were present.

Sister Andrew, the head of the training school, was modestly present and very happy over her proteges, the largest class in the history of the school.

Several changes have recently taken place in the hospital. Sister Irene, who has for 21 years been working in this region, and Mother Theresa, who started St. Vincent's Hospital, 21 years ago, have gone to Oakland, to organize a sister's hospital there. Sisters Conrad and Roderick have gone to Nome to start a hospital there.

Mother Theresa, although absent, is still superior at St. Vincent's.

Nurse Graduate.

The graduating exercises for the class of 1902, St. Vincent's Hospital Training School for Nurses, was held at St. Vicent's Hospital Thursday evening, May 22nd, 1902. The rooms in which the graduating exercises were held, were tastefully decorated and filled to over-flowing with the friends of the graduating class.

The address to the graduates was delivered by Dr. A. C. Smith, and after the presentation of diplomas and medals an address was given by Archbishop Christie. The following is a list of those graduating this year.

Sarah A. Lawler .... Lewiston, Idaho
Florine E. Shaw .... Portland, Ore.
Mabel E. Hendee .... Portland, Ore.
Katharine J. Kelley..Vancouver, Wn.
Margaret M. Gleason....Forest Grove
Eleanor Donaldson....Kingsley, Ore.
Teresa K. Cronen.....Nehalem, Ore.
Caroline Moisan.....Brook, Ore.
Anna Reidy ..... Portland, Ore.

MEDICAL SOCIETIES

City and County Medical Society.

The regular meeting of the City and County Medical Society was held in the Hotel Portland, Feb. 19, 1902. Dr. Harry Lane presiding. Present: Drs. Bell, Coffey, H. C. Fenton, J. D. Fenton, Geary, Giesy, Hollister, Jones, Josephi, H. F. McKay, K. A. J. Mackenzie, Nunn, Pettit, A. C. Smith, Wells.

The meeting was called to order at 8:30 P. M. and the minutes of last meeting were read and confirmed.

Dr. Wm. Jones exhibited specimen of a growth removed from the stomach of a woman aged 67, who had been suffering from indigestion for a long time. Six months ago commenced vomiting her food occasionally, the vomiting increased until very little food was retained or passed downward from the stomach, so that she was undergoing a slow process of starvation. She came under observation four weeks ago when an easily movable palpable tumor was found in the pyloric region. She was operated upon and the growth and the lower fifth of the stomach including the pylorus was removed. Closed the lower end of the stomach and made a new opening into which was fastened the end of the duodenum. She left the hospital on the 21st day. She is now eating general diet with comfort. The growth was probably malignant and confined

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to the excised portion. There was no glandular enlargement.

The paper of the evening, "Rachitis and Infantile Scurvy," was then ready by Dr. E. P. Geary. Among the important observations made by the doctor, was the tendency of the general worker to regard Rachitis from the standpoint of the orthopedic surgeon or, so to speak, in its later manifestations irrespective of its earlier. It was also shown that although the diseases are different they are frequently found together, and is seldom notified as a cause of death. The disease is brought about by bad feeding, foul air, absence of sunlight, lack of cleanliness and especially the adulteration of proprietary infants' food. After discussing the characteristic lesions present in the bones of the skull, thorax, and epiphysial junctures, the clinical features such as pain, sweating, anaemia, bronchial catarrh, gastro intestinal and nervous disturbances were each discussed in detail. The pathology of rickets is still under discussion. After discussing the prognosis and treatment the doctor related a case in practice presenting characteristic symptoms. Under the head of Infantile Scurvy, the doctor dwelt upon its formation and characteristic symptoms such as anaemia, severe pain in the bones, sub-periostal hemorrhage without local heat; other evidences of inflammation was also dwelt upon; the association of the disease as well as the treatment now deemed most effective. In closing he referred to the conclusions arrived at by the American Pediatrical Society and the minority report presented by August Caille.

Dr. G. M. Wells opened the discussion. The writer of the paper having gone all over the ground it left very little, he thought, for discussion. Great credit was due to Dr. Barlow of England who differentiated these two diseases, Scurvy and Rachitis. Reference was also made to the work of Drs. Whitcom and Northup in their reported series of cases. It was established now beyond question that Rachitis and Scurvy though both due to disturbed nutrition are distinct diseases. Medicinal agents have no influence in the treatment of one, but have in the other. Pain is a great feature of Scurvy and the patient dreads the approach of anyone approaching to touch him. The cases are frequently diagnosed as rheumatism. The doctor detailed cases occuring where proprietary infant foods had been used. In the treatment reference had been made to the great value of cod liver oil, but no reference had been made to phosphorus, which probably comes next in point of usefulness. He had seen a great deal of this disease in the South, among the colored race of that region, where overcrowding and living in dark cabins is supposed to be the cause of the disease. The remedy used principally there is the cold bath. He has seen very little rickets in Oregon in a practice scattered over a number of years.

Dr. Richard Nunn said that ricketts is very seldom seen in Oregon and he distinctly remembered some years ago in Dublin, Ireland, the influence exercised by the change in the water supply of a city when lime salts were abundant.

Dr. Wm. Jones said that he had had only one case of scurvy in his practice and that one came from Alaska. He was particularly interested in the remarks on the sterilization of milk, as he believed that that method destroyed its value as a food and thinks that the concensus of opinion now is, that it is not necessary.

Dr. H. C. Fenton discussed the existence of adenoids in Rachitic child-

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ren, had seen one case; the child got well.

Dr. S. E. Josephi said he saw in consultation a case of six weeks infantile scurvy, diagnosed as such. There was great pain in the legs; the gums were not affected; feeding was on proprietary foods. Two points noted were, is the child nursing, or not? Infantile scurvy does occur in breast fed children but only in late lactation.

Dr. E. P. Geary in closing the discussion said, that phosphorus is used in the treatment of Rachitis, but the best results are from cod liver oil. Hygiene and the cold bath are very important supplementary aids. It is quite true that there are very few cases of rickets observed on this coast, but it is equally true that deformities of the thorax produced by this disease are very frequently seen in the course of our examination of patients for other conditions in the adult. He believed with Dr. Jones that prolonged sterilization destroys the antiscorbutic properties of milk, and also that scurvy was on the increase, owing to the increased use of patented foods, through business methods of advertising, etc.

Dr. J. D. Fenton showed specimens consisting of an intra uterine fibroma involving the anterior part of the fundus. Owing to the age of the patient, 45, and the existence of the broad based pedicle together with the softened condition of the anterior portion of the uterus it was decided to perform an abdominal hysterectomy and at the same time relieve the very pressing symptoms, which were hemorrhage and pain.

Dr. A. C. Smith reported the operative details of a case of goitre of many years standing. The series of tumors in the isthmus were easily dealt with, but the right lobe being enlarged it was decided to remove that also. In some unknown manner the recurrent laryngeal nerve must have been dragged on and compressed, as evidenced by symptoms, and the danger of general anaesthesia in such cases was discussed.

Dr. R. C. Coffey said that he had been so impressed by fatal intestinal paralysis following operation, that he resolved to try the heroic method of applying the paquelin cautery here and there all over the abdomen as suggested by Howard Kelly, and so in a suitable case the method was practiced and in two hours after there was a movement from the bowels.

After some general business had been transacted, the meeting adjourned.

DR. A. D. MACKENZIE,
Secretary.

Utah State Medical Society.

The eighth annual meeting of this society was held at 10 a. m., May 13th, in the Council Chamber at Salt Lake, Dr. I. A. E. Lyon, president, in the chair. Rev. Dean J. B. Eddie of St. Mark's Cathedral opened the session with an invocation and also gave the address of welcome in lieu of Governor Wells who had been detained elsewhere. Twelve new members were admitted as follows:

W. D. Donoher, of Park City; W. M. Stookey, of Grantsville; W. W. Cook, of Frisco; J. A. Phipps, of Tooele; A. S. Condon and G. W. Baker, of Ogden; W. W. Coffman and R. M. Rogers of Pleasant Grove, and F. H. Raly, E. W. Whitney, C. G. Verbryck and Henry La Motte of Salt Lake.

President Lyons delivered an address on "Suprarenal Therapy." At the conclusion a general discussion followed on the topic.

Dr. G. W. Perkins of Ogden opened the 2 o'clock session by a paper on "A case of Gun-shot Wound of the Stomach—Operation—Recovery." The paper described the condition in a boy

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who had both youth and vitality in his favor and in which a somewhat similar condition existed to that of the late President Mckinley, except that under Dr. Perkins' fortunate care the patient recovered.

Dr. Scott read a paper on "Antitoxin Treatment of Diphtheria with Report of Cases," in which and in the discussion which followed, the opinion seemed almost unanimous that if injection were made early enough and given in large quantities that cures were almost certain to be looked for.

Dr. E. F. Root of Salt Lake then read a paper on "X-Ray Work," in which he well pointed out that this department is still in its infancy, although he gave hope that not only is the X-Ray to assist us in looking through bodies but that in time it may prove of very great advantage in the treatment of pulmonary tuberculosis.

Dr. C. M. Wilson of Park City had a paper on "Clinical Course and Treatment of Pneumonia and Pleurisy at High Altitudes." The doctor compared his experience both in high and low altitudes and believed that the high death rate noted in the high altitudes is due to the fact that many of these patients are miners and unacclimated persons, and that the foul air encountered by miners with little sunshine and a proneness to alcohol are largely the cause of the large death rate.

Dr. H. J. Powers of Ogden discussed one of those somewhat rare conditions where typhoid fever is simulated by appendicitis, the title of his paper being "Typhoid Fever with Appendicitis—Operation—Recovery."

The society in the evening took up the question of amendments to the constitution to affiliate the A. M. A. and passed resolutions to make the necessary changes.

D. R. L. Gillespie, of Portland, by special invitation, presented a paper at the opening session Wednesday morning following executive business upon the subject of "Petit Mal: the Symptomatology of the Minor Epilepsies and the Importance of their Early Recognition." The fact that epilepsy in its early stages is oftimes amenable to cure where later there is often little prospect of such a favorable outcome was dwelt upon by Dr. Gillespie, and the importance of not treating a case symptomatically but rather the determination and removal of the cause, was forcibly presented.

Dr. S. C. Baldwin of Salt Lake read an excellent paper on "Congenital Scoliosis," covering the subject in a very scientific manner.

Dr. Margarette A. Freece of Salina read a paper on "Neurasthenia" in which many of the classical symptoms of this disease were presented as well as the more uncommon ones.

Dr. C. P. Kjearbye of Elsinore had a practical paper on "Hemorrhagia Uteri in Pregnancy without Abortion," which was fully discussed by members of the society.

Dr. J. W. Aird of Provo, who was two years ago president of the society, had a paper on "Medical Ethics" in which the necessity for strict honesty in the relations between physician and patient was earnestly advocated, and it was shown that it was seldom or never that any patient be misled in regard to his own case.

Dr. L. W. Snow of Salt Lake read a paper on "Some Causes of Nasal Obstruction," in which catarrh was demonstrated to be the cause of many of the objections which require surgical treatment.

Dr. W. B. Parkinson of Logan had a paper on "The Office Treatment of Inebriety," which was largely discussed and in which the possibilities of this line of treatment were presented in cases where the habitue is pos-

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sessed of sufficient mental stamina and an honest desire to be cured.

Salt Lake City was selected as the place for the next meeting. The election of officers resulted in the selection by unanimous choice of the following: Dr. A. C. MacLean for president; Dr. W. T. Dalby, first vice president; Dr. G. W. Baker of Ogden, second vice president; Dr. W. E. Ellerbeck, secretary; Dr. J. N. Harrison, treasurer.

The banquet given by the Salt Lake County Medical Society in the evening at the "Knutsford" was one of the events, of Salt Lake, of the season. The Knutsford dining room presented a gorgeous appearance, being beautifully decorated with carnations and other flowers. Covers were laid for the following doctors:

Lyon, Ewing, King, Garrison, Mills, Jones, Richards, Rogers, Coffman, Silver, Steel, Kerby, Wilson, P. E. Jones, Snow, Phipps, Stookey, Robinson, Cannon, Wilcox, Stauffer, Keogh, Wright, Taylor, Plummer, Hardy, Hosmer, Aird, Hughes, Whitney, Fisher, Critchlow, Bryant, Ellerbeck, Mayo, Root, Brock, Scott, Crandall LaMotte, Hephorn, Wilson, Whirritt, Baldwin, Gillespie, Behle, Helton, Worthington, Landenberger, Kerr, Verbrick, Hammond, Raley, Myers Beer, Carter, Dalby, Pinkerton, Harrison and S. Ewing.

The menu was as follows:

Consummatio Regia,
Olivae,
Salmon graticula,
Bergundici,
Multercolarum Saratoganenses,
Bovis partis dorsi cum Fungis,
Sauterni,
Pisis Gallorum, Pomona de Terra fracta,
Subulae Romanae,
Gallina fricta, a Terra Maria,
Lactucae Sativae cum Pomonae Amorum,
Lactis floris congelati a Neapolitana Suavalli mixti,
Fructus,
Panicelli bis cocti casequae,
Infusi caffeae,
aa.—q. s. ad repletum
Misce et signa "Grub."

A. C. Ewing was "roastmaster," as the announcement had it, and during the course of the evening he created a good deal of fun. The oral part of the banquet was as follows:

"Osteopathy" Dr. Scott. Adam and Eve had many advantages, but the principal one one was that they escaped teething.—Bible.

"The Quack," Dr. King. Training is everything, The peach was once the bitter almond; cauliflower is nothing but cabbage with a college education, nit. The tree is known by its fruits, and the quack doctor by his newspaper reports.—Tolstoi.

"The Spectacle Peddler," Dr. E. W. Whitney. Nothing so needs reforming as other people's habits. Seeing is believing. It matters not what we see, it is what we can make the other fellow think he sees.—Roosevelt.

"The Homeopath," Dr. Robinson. It were not best that we should all think alike; it is difference of opinion that makes horse races.—Senator Rawlins.

"The Attractions of the Metropolis for the Patient From the Country," Dr. Wilson.

The distant pastures are always green,
Sky-blue milk masquerades as cream,
The foreign doctor gets the cheese,
But God help the patient, whoever he bes. —Tennyson.

Dr. Crandall, U. S. Naval Recruiting Officer, made a few remarks at the close of the banquet which was in the small hours of the morning, and the gathering closed its happy session, the banquet being a fitting finale to a very successfull session of the Utah State Medical Society.

GEORGE E ROBINSON, M. D.

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Multnomah County Medical Society.

The regular monthly meeting of the Multnomah County Medical Society was held in the Marquam Building, at 8:30 P. M., May 6th, President J. T. Walls in the chair.

The minutes of the previous meeting were read and approved.

Dr. W. F. Hubbard exhibited a case of sarcoma of the leg with the following history. The patient, a laboring man 30 years old, had on his left leg below the knee, a tumor the size of a small egg, which remained stationary in size for about 7 years, and up to last October, when it began to grow rapidly, taking on a lobulated form. Two months ago today the doctor removed the tumor, finding it indurated and adherent to the periosteum. In about two weeks another very rapidly growing tumor appeared near the seat of the original one. It, too, was removed, but before the wound had time to heal, numerous other tumors appeared growing so rapidly that the wound burst open.

A microscopical examination revealed the growth to be a round-celled sarcoma. The case appeared to be of a very malignant type, the leg being very much swollen, the affected area covering from the knee to the middle of the leg, involving the inguinal glands.

The case was presented to the society with a view to obtaining its expressions as to the advisability of amputation. In the discussion ensuing, all participants endorsed the doctor's treatment thus far, expressing themselves in favor of an early amputation.

Dr. J. W. Morrow then read a paper on the "Influence of Exercise on Constipation," in which he strongly advocates the advisability of physical culture.

Paying his respects en passent to the usual drugs employed, the doctor strongly favors horseback riding, as well as all other active movements in the open air, such as brisk walking or running.

The doctor also prescribed various indoor exercises as especially favorable to the development and strengthening of the abdominal muscles, advising at the same time a diet of food containing a large amount of residue in order to stimulate the action of the muscular coat of the intestines.

The discussion following generally endorsed the dietary outlines as well as the exercise described in the paper while special mention was made of the advisability of strychnia in small doses and the use of a cannon ball over the colon.

A. TILZER, M. D.,
Secretary.

The Southern Oregon Medical Society.

The session of this society was held at Ashland on the 13th of May. The attendance at the meeting was fully up to the average and consisted of the following physicians:

Drs. F. W. VanDyke, J. S. Moore, W. H. Flanagan and Henry Klebs, of Grants Pass; E. B. Pickel, E. E. Emmerson, Medford; G. O'B. DeBar, Jacksonville; H. P. Hargrave, Phoenix; J. S. Parson, S. T. Songer, D. M. Brower and M. F. Shaw, Ashland.

The session was opened by a dinner given by the Ashland doctors at the Hotel Oregon, the regular session of the society being held in the City Hall. Three additional members were received into the society. They were Drs. H. A. Klebs, M. C. Findley and M. F. Shaw. Dr. D. M. Brower of Ashland was elected president, and Dr. M. F. Shaw, who has somewhat recently removed from Hood River was elected Treasurer. The censors of the society are Dr. H. P. Hargrave of

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Phoenix and Dr. E. B. Pickel of Medford.

The session closed as most medical societies do leaving a sense of satisfaction for the time and trouble demanded in preparing and attending the session. The next meeting will be held in Grants Pass.

M. F. SHAW, M. D.,
Secretary-Treasurer.

The North Dakota State Medical Society.

The recent meeting of this association was held at Grand Forks on May 21st and 22nd. The program of the meeting consisted as follows:

Blood Examination—Dr. Olaf Th. Sheiping, Fergus Falls.

Tuberculosis of Peritoneum Due to Infection Through Vaccination Wound—Dr. C. L. Brimi, Cooperstown, N. D.

Medical Ethics—Dr. Thor Moeller, Rolla, N. D.

Modern Ocular Therapeutics with Technique, Indications and Contra Indications of Sub-Conjunctival Injections—Dr. H. A. Beaudoux, Fargo, N. D.

The Rest Cure—Its Use and Abuse—Dr. C. Eugene Riggs, St. Paul.

Neurasthenia—Dr. E. C. Branch, Fargo, N. D.

Anaesthesia—Dr. W. L. Grant, Grand Forks, N. D.

Macroscopical Appearance of Diseased Brains—Dr. D. S. Moore, Jamestown, N. D.

At the close of the meeting a banquet was held at which the following toast list was a feature:

State Society....Dr. T. Thams, Fargo
University of North Dakota....
..President Merrifield, U. of N. D.
The Church .....
..Rev. W. P. McVey, Grand Forks
The Old Time Doctor .....
.....Dr. H. J. Rowe, Casselton
The Law..B. G. Skulason, Grand Forks
The Press..E. H. Kent, Grank Forks
Our Guests....Dr. E. M. Darrow, Fargo
State Medical Board.....
.... Dr. H. H. Healy, Grand Forks
The Ladies..D. F. R. Smyth, Bismarck

The meeting was a decided success and reflected great credit upon its excellent corps of officials. We expect to publish the new list of officers in our next issue.

Mississippi Valley Medical Association.

The Chairman of the Committee on Arrangements for the twenty-eighth annual meeting of the Mississippi Valley Medical Association, Dr. A. H. Cordier, has announced the dates of the next meeting in Kansas City, Mo., as October 15, 16, 17, 1902.

The President, Dr. S. P. Collings, of Hot Springs, Ark., has announced the orators for the meeting, Dr. C. B. Parker, of Cleveland, Ohio, to deliver the address in Surgery and Dr. Hugh T. Patrick, of Chicago, the address in Medicine, selections which will meet with the approval of every physician in the Mississippi Valley.

A cordial invitation is extended every physician in the United States, but especially of the valley to attend this meeting and take part in its proceedings. Titles of papers should be sent the Secretary, Dr. Henry Enos Tuley, 111 W. Kentucky street, Louisville, Ky., at as early a date as possible to obtain a favorable place on the program. HENRY ENOS TULEY,
Secretary Mississippi Valley Medical Association.

The List of Questions of the Washington State Medical Examining Board — Examination Tacoma, January 7 and 8, 1902.

W. Grant Tucker, M. D., President, Port Townsend; C. E. Grove, M. D.,

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Vice-President, Spokane; J. P. Turney, M. D., Secretary, Davenport; P. B. Swearingen, M. D., Tacoma; J. H. Dumon, M. D., Centralia; J. H. Hoxsey, M. D., Spangle; W. C. Cox, M. D., Everett; F. H. Coe, M. D., Seattle.

Anatomy.

Dr. J. P. Turney, M. D., Davenport, Wash.

1.—What constitutes an Articulation?

2—In what anatomical features do veins differ from arteries?

3—Describe the scapula and enumerate: First, muscles having their origin from; second, muscles having insertion thereto.

4.—A fracture occurring at the juncture of the lower third, with the upper two-thirds of the Radius, what muscles would cause displacement? Name muscles causing displacement of each fragment, giving origin and insertion of each.

5.—Enumerate branches of Abdominal Aorta, giving also the Coeliac Axis, together with distribution and anastamosis of its branches.

6.—What artery forms the principal part of the superficial Palmar Arch, and by anastamosis with what artery is the Arch completed?

7.—Give boundaries and coverings of Superior Carotid Triangle. State in what portion of the Triangle the Common Carotid Artery bifurcates, and name branches given off the External Carotid Artery within this space.

8.—What difference exists in the Peritoneum in the male and female? if any, state wherein they differ and enumerate the ligaments formed by its folds.

9.—Enumerate from without inwards the coverings of the brain, giving also the arrangement of the grey and white matter of the brain and cord; and name in regular order from before backwards the Cranial nerves.

10.—What muscles are supplied by the following named Cranial nerves: (a) third, (b) fourth, (c) sixth?

Physiology.

By W. Grant Tucker, M. D., Port Townsend, Wn.

1.—(a) Locate and describe the valves of the heart (b) What is meant by the cardiac cycle?

(c) Define systole and diastole and state how the first and second heart sounds coincide with the same.

(d) Explain the cause of the first sound of the heart and discuss the cause of the second.

(e) Give average pulse rate for adults, children at 5 years and infants at birth.

2.—Classify the component parts of foods according to their nutritive value and explain the action of the different enzymes on each.

3.—(a) What is a neurone? An axone? A dendrite?

(b) What constitutes a simple reflex act?

(c) What conditions of the nervous system would tend to favor an exaggerated knee-jerk, and the reverse?

(d) Give the nervous mechanism of respiration.

4.—(a) What is the average number of red blood corpuscles to the cubic M. M. in the adult. What are the variations in health?

b) What is the relative number of red and white corpuscles, and what conditions tend to disturb the ratio?

5.—Discuss the effect of the electric current from a constant battery on muscles.

Histology.

By J. H. Duncan, Centralia, Wn.

1.—Enumerate the different epithelia, giving a locality or organ in which each form predominates.

2.—Where is unstriped muscular tissue found?

3.—Describe a Pacinian corpuscle.

4.—Give the histological difference

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between the wall of an artery and the wall of a vein.

Chemistry.

By J. H. Hoxsey, M. D., Spangle, Wn.

1.—Define matter, force, energy and name the three states of aggregation of matter.

2.—Define gravitation, distillation, and sublimation.

3.—State the difference between mechanical and chemical divisability.

4.—What is chemical affinity and how does it differ from other forces?

5.—Suppose a certain volume of H, to weigh twenty grains. How much will an equal volume of O weigh, provided presssure and temperature be the same?

6.—Define an acid, and state the general proportions of basic and neutral substances.

7.—What points are to be considered and substances to be determined, in the examination of normal and abnormal urine?

8.—Describe the tests by which albumen may be recognized, and state the precautions necessary in making these tests.

9.—Give two tests for sugar.

10.—What are urinary calculi generally composed of, and by what simple test can their nature be determined?

11.—Describe the microscopical appearance of a cross section of a nerve fiber.

Materia Medica.

By Frantz H. Coe, Seattle.

Numerals following questions indicate marking value.

1.

CARBOLIC ACID—

1.—Local Action, (a) skin, (b) germicidal and per cent strength of solutions.

2.—Absorption and elimination.

3.—Toxicology, (a) nervous system, (b) circulation, (c) respiration, (d) temperature, (e) postmortem appearances, (f) antidotes.

3.—Therapeutics.—20.

II.

ANTIPYRIN—

1.—Toxicology, (a) rate of absorption, (b) subjective symptoms, (c) objective symptoms, (d) idiosyncrasies. Therapeutic uses, (1) method of administration, (2) uses, (3) doses, (4) contra indications.

Acentanilid (synonym.—Toxicology, (a) subjective symptoms, (b) objection symptoms; therapeutic uses.—20.

III.

CHLORAL HYDRATE—

1.—Physiological Action, (a) circulation, (b) respiration, (c) temperature, (d) cerebrum.

2.—Therapeutics, doses.

3.—Contra indications.

Sulfonal—Therapeutic use and characteritsic action, dose, toxicology.—20.

IV.

Therapeutic uses, dose, characteristic action, toxicology of the following drugs: Digitalin, Cascara, fl. ext.; Podophyllyn, Ol. Tiglii, Elaterium.—20.

V.

Describe the Therapeutics of the following: Salts of Potassium under heads: (a) Therapeutic uses, (b) doses, (c) methods of administration.

(1) Liq Potassae, (2) Potassium Citrate, (3) Potassium Acetate, (4) Potassium Bitartarate.—20.

Theory and Practice of Medicine.

By P. B. Swearingen, M. D., Tacoma, Wash.

1.—Name the topographic lines of the thorax; outline and locate the heart's area of absolute dullness and the upper border of the normal liver.

2.—Give differential diagnosis between croupous and broncho-pneumonia; give their pathology; also state under what conditions the following sounds are heard and the cause of

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each, viz.: Vessicular murmur, subcrepitant rale, bronchial respirator murmur and a friction respiratory sound.

3.—Give the differential diagnosis between variola and varicella; also scarlatina and rotheln.

4.—Differentiate between diphtheria and folicular tonsillitis; state the amount of an immunizing and a curative dose of antitoxine. Describe your method of fumigation, etc., after the patient's recovery.

5.—Describe the usual course of parenchymatous nephritis; also interstitial nephritis. In what class of patients is the latter most frequently observed? How would you differentiate one from the other?

6.—Give a reliable chemical test for detecting the following substances in the urine, and state of what diseases their presence are indicative, viz: Albumen, glycogen, chyle and indican.

7.—How would you differentiate between ulcer and a circinoma of the stomach?

8.—Define leukaemia; name the types of same. Describe the blood of leoukaemia.

Homeopathic Materia Medica.

By Dr. C. E. Grove, Spokane, Wn.

1.—Give indications for Nux Vom., Dioscorea and Assenicum Albums in Appendicitis.

2.—Give the characteristic indications for the use of Kali Bich. and Pulsatilla in bronchial catarrh.

3.—Give physiological action of Aurum Met. Also therapeutic indications for the remedy.

4.—Give four chief remedies in typhoid fever, and indications for each.

5.—Differentiate between Lachesis Merc. Vivus and Bell in tonsillitis.

Eclectic Materia Medica.

By J. H. Hoxsey, M. D., Spangle, Wn.

1.—Give five different methods of the administration of drugs.

2.—Define the terms antiphlogistics and antiperiodics, illustrating each group.

3.—Name the chief preparations of iron, their doses, and tell what drugs are incompatible with iron.

4.—What uses are made of permanganate of potassium?

5.—Describe the physiological action and therapeutical uses of digitalis?

7.—What is guaiacol? Give dose and uses.

8.—Give source, dose and uses of aspirin.

9.—Describe the physiological action upon the different parts of the organization of belladonna.

10.—What is glycerin; how is it obtained, and what are its properties?

Obstetrics.

Dr. W. Cox, Everett, Wn.

1.—What is the conjugate and transverse diameter of the inlet and outlet of the plevis? Give anatomical points of measurements of same.

2.—Give classification, symptoms and treatment of extra uterine pregnancy.

3.—Give causes, symptoms and treatment of post-partum hemorrhage.

4.—Give clinical history, prevention and treatment of puerperal eclampsia.

5.—Give indications for and method podalic version.

6.—Give prognosis and treatment of prolapse of the cord.

7.—When should the forceps be applied and what preliminaries are necessary in their application?

8.—What is phlegmasia alba dolens and what are the symptoms, results and treatment?

9.—What is the cause of rupture of the uterus and under what circumstances does it occur?

10.—What is the cause of premature detachment of the placenta?

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What are its symptoms and treatment?

Surgery.

By Dr. C. E. Grove, Spokane, Wn.

1.—Diagnose a luxation at shoulder joint. Give treatment.

2.—Describe a compound fracture of the humerus, and give treatment.

3.—Give rules indicating when each of the following is the preferable anaesthetic: (1) Chloroform, (2) Ether, (3) Medullary Narcosis.

4.—Differentiate between concussion and compression of the brain.

5.—Describe intravenous injection and hypodermoclysis, and give indications for each.

6.—Describe in detail an amputation of the thigh.

7.—Give etiology and treatment of acute osteomyelitis.

8.—Give differential diagnosis in appendicits.

9.—Give your treatment for a burn of the first, second and third degree, respectively.

10.—Differentiate between soft and hard chancre.

Disease of the Eye and Ear.

By W. Grant Tucker, M. D., Port Townsend, Wn.

1.—(a) What is meant by accommodating for distances in optics?

(b) The eye, being at rest, for what distance is the vision accommodated?

(c) How is the act of accommodation accomplished, and how does it compare with the adjustment for distance in the microscope and field glass?

2.—Give ditology, diagnosis and treatment of acute glaucoma.

3.—Discuss ophthalmia neonatorum.

4.—Mention the manifestations of constitutional syphilis in (a) the eye, (b) the ear, (c) the nose, (d) the throat.

5.—Give indications for eneucleation of an eye and detailed description of the operation.

6.—Give etiology, symptoms and diagnosis of mastoiditis. Describe an operation for relief of the same.

Diseases of Women.

By J. H. Duncan, Centralia, Wn.

1.—Give causes, symptoms, differential diagnosis, prognosis and treatment of inflammatory dysmenorrhoea.

2.—Define menorrhagia, and give causes, effect, diagnosis and treatment.

3.—Give the signs and symptoms of Cancer of the Uterus.

4.—Give fully the differential symptoms and signs in pyosalpinx, fibroid tumor of the uterus, and small ovarian cyst.

5.—Give the indications for Curetting the Uterus, and describe the correct method.

6.—Give differential diagnosis causes and treatment of Abscess of the Vulvo vaginal Glands.

7.—(a) Give the treatment for Gonorrheal Vaginitis. (b) Give the complications that may result from Gonorrhoeal Vaginitis and symptoms and signs of each.

8.—Give symptoms, complications, causes, diagnosis, prognosis and treatment, of Laceration of the Cervix.

9.—Describe the operation for repair of the Perineum.

10.—Give causes and treatment of pruritis Vulvae.

Nervous Diseases.

By Dr. W. C. Cox, Everett, Wn.

1.—Give cause of parapiegia.

2.—Give clinical history, pathology and diagnosis of paralysis agitans.

2.—Give differential diagnosis between epilepsy, cerebral congestion, apoplexy, and uremia.

4.—Give etiology, symptoms, path-

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ology and diagnosis of acute cerebro spinal meningitis.

5.—Give clinical history, pathology and diagnosis of acute myelitis.

6.—Give differential diagnosis between multiple neuritis, anterior-poliomyelitis an diocomotor ataxia.

7.—What are the causes, symptoms, diagnosis and prognosis of chorea?

8.—Explain fully the connection between the sympathetic nervous system and the cerebro-spinal. Also give in a general way the function of the sympathetic nervous system.

9.—Define the following terms: Peti-Mal, Grand-Mal, Gliosis, Spina-bifida, Dysesthesia and Argyll-Robertson pupil.

10.—Give the anatomy of the spinal cord as found in a cross section at the level of the third cervical vertebra.

Preventative Medicine.

By F. H. Coe, Examiner.

The numerals following each question indicate the marking value.

1.—What is your understanding of the term "Perventive Medicine?"—5.

2.—What is the origin of Malaria and its prevention in full?—10.

3.—Write explicitly upon the prevention of Tuberculosis.—30.

4.—Write physicians' orders in detail for preventing spread of following diseases: Typhoid Fever (5), Scarlet Fever (5), Diphtheria (10), Smallpox (10), Bubonic Plague (5)—35.

5.—As Health Officer, write orders in detail for disinfection of privy vaults (5), cesspools (5); How practically demonstrate the probable connection between these sources of infection and neighboring water supply? (10)—20.

Pediatrics.

By J. P. Turney, M. D., Davenport.

1.—What effect, if any, does dentition have on the health of a child?

2.—Aside from bile, what causes the green color of the stools of children?

3.—What is atrophic paralysis of children? Give definition, causes, pathological anatomy and suggest treatment.

4.—Differentiate between Catarrhal enteritis and Membranous enteritis.. Give prognosis of each.

5.—Enumerate the different forms of stomatitis and suggest treatment of each.

6.—Differentiate between Typhlitis and Appendicitis, giving causes, relative frequency, pathological anatomy and prognosis of former.

7.—Enumerate the different forms of pneumonia and give differential diagnosis and suggest treatment in a child two pears old.

8.—Differentiate between Favus and Eczema of the scalp. Give Etiology and treatment.

Medical Jurisprudence.

By P. B. Swearingen, M. D., Tacoma, Wn.

1.—Explain the difference in testimony required of an ordinary witness and that of a medical expert.

2.—Name the different varieties of poisons. If requested by the coroner to analyze the contents of a stomach, upon what grounds have you a legal right to refuse to do so?

3.—What do you understand by a dying declaration and how would you obtain one to be of value in a criminal proceeding.

4.—What is the difference between rigor mortis and cadaveric rigiditiy? Give the cause of each.

5.—Name the points of difference between an ante-mortem and a post-mortem incised wound.

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BOOK REVIEW

Diagnosis by Means of the Blood. By Robert Lincoln Watkins, M. D.; illustrated by 154 photographs, as observed in general practice, showing products that are found in definite diseases. Cloth, 388 pages, including bibliography and index. Price, $5.00. The Physicians' Book Publishing Co., New York and London, 1902.

The price of this work seems high, but its publishers make the statement that it is worth its weight in gold. While this doubtless overstates the truth, the book before us is certainly one of the best that we have ever seen and contains much that cannot be gotten anywhere else. It is devoted exclusively to fresh blood diagnosis, and is meant for the use of the active general practitioner. The importance of the examination of the blood as a means of diagnosis has now become so thoroughly recognized that there is no need to advise any progressive physician to provide himself with suitable authority upon this subject. One of the points of special value in this work is that no expensive appliances other than an ordinary microscope is required in the study of haemo-diagnosis. The description which this work gives upon tuberculosis, rheumatism and syphilis deserve special mention.

Atlas and Epitome of Otology.

Atlas and Epitome of Otology. By Gustav Bruhl., M. D., of Berlin, with the collaboration of Professor Dr. A. Politzer, of Vienna. Edited, with additions, by S. MacCuen, M. D., Clinical Professor of Otology, Jefferson Medical College, Philadelphia. With 244 colored figures on 39 lithographic plates, 99 text illustrations, and 292 pages of text. Philadelphia and London; W. B. Saunders & Co., 1902. Cloth, $3.00 net.

This excellent volume, the first attempt, to our knowledge, to supply in English an illustrated clinical handbook to act as a worthy substitute for personal instruction in a specialized clinic, is, indeed, a magnificent addition to Saunders' Series of Medical Hand Atlases.

The work is both didactic and clinical in its teachings, the latter aspect being especially adapted to the student's wants. A special and highly commendable feature is the very complete exposition of the minute anatomy of the ear, a working knowledge of which is so essential to an intelligent conception of the science of otology. As in all this series of atlases, the illustrations are beautifully executed in colors and illuminate the text in a singularly lucid manner, portraying pathologic changes with such striking exactness that the student should receive a deeper and more lasting impression than the most elaborate description could produce. Further, the association of Professor Politzer in the preparation of the work, and the use of so many valuable specimens from his notably rich collection, especially enhance the value of the treatise. The work contains everything of importance in the elementary study of otology, and, wthout question, is a most valuable contribution to medical literature.

Abbott's Bacteriology.

A practical Manual of Bacteriology for Students and Physicians. By A. C. Abbatt, M. D., Professor of Hygiene, University of Pennsylvania. New (6th) edition, revised and enlarged. In one 12 mo vol-

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ume of 636 pages, with 111 illustrations, of which 26 are colored. Cloth, $2.75, net. Just ready. Lea Brothers & Co., publishers, Philadelphia and New York.

This volume has been prepared especially for the use of students and general practitioners and will be found a most useful aid. The fact that it has reached its sixth edition in ten years, each volume being larger than its predecessor, shows with how much favor it has been received by the profession. It covers the field of practical bacteriology most thoroughly and he who masters its contents will have a very complete mastery of the subject. The preparation of the various culture media, the classifications of bacteria and the common methods of animal experimentation, etc., are fully dealt with. The subject of tuberculosis is exceedingly thorough, especially the relation of human to other forms. The subjects of immunity and infection, which in recent years have been so prominent before the scientific world, receives ample space for a most thorough consideration.

The book is well bound and illustrated, and the price very moderate.

A Text Book of Medicine.

A Text Book of Medicine for students and practitioners by Dr. Adolph Strumpell, professor and director of the Medical Clinique at the University of Erlangen. Third American edition translated from the thirteenth German edition by Herman F. Vickery, A. B., M. D. Instructor in Clinical Medicine, Harvard University, and Philip Coombs Knapp, A. M., M. D., Clinical instructor in diseases of the nervous system. With editorial notes by Frederick C. Shattuck, A. M., M. D. Jackson professor of clinical medicine of Harvard University. With one hundred and eighty-five illustrations in the text, and one plate. D. Appleton & Co., New York, 1901.

This work is so well known to the medical profession the world over, that it needs no introduction and it is hardly necessary to call attention to it, so widely distributed is it among physicians every where. It is pro-eminently the work for practitioners and students. It is full, yet written in a most concise manner. Especial attention is given to diagnosis, including differential diagnosis, and to treatment. This last is especially full and explicit, the very thing needed by the practitioner.

Another feature of the treatise which is especially noteworthy, is the bringing together of clinical facts and pathological data, so the two may be properly adjusted, and a scientific therapy founded upon them. The translators have added numerous data especially of value as adapted to this country, and have also given the dosage in the apothecaries weight as well as the metric system. The book contains 185 illustrations and is handsomely bound in one volume.

Manual of Childbed Nursing, with Notes on Infant Feeding, by Charles Jewett, A. M., M. D., Sc. D., Professor of Obstetrics and Diseases of Women in the Long Island College Hospital. Fifth edition, revised and enlarged. Price 80 cents, 1902. E. B. Treat & Company, 241-243 West 23rd St., New York.

This will be found a very useful little manual for nurses, as it covers thoroughly the duties of a nurse attending cases of labor. Especial attention is given to asepsis and antisepsis, and the chapter on infant feeding will be found most excellent.

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PERSONALS

Dr. E. J. Doty, has located in Aberdeen, Washington.

Dr. O. D. Doane, of The Dalles, was in Portland recently.

Dr. H. T. Hoople, of Vale, Ore., was in Portland recently.

Dr. Kennedy, of Indiana, has located in Condon, Oregon.

Dr. E. Perry, of Houlton, Oregon, was in Portland recently.

Dr. Smith, of Walla Walla, has located in Lind, Washington.

Dr. W. C. Belt, formerly of Portland, has located at Nehalem, Ore.

Dr. C. S. Brown, of Citra, Fla., ahs removed to High Springs, Fla.

Dr. M. R. Peck, formerly of Colville, has located in Blaine, Washington.

Dr. J. E. Andrews(of Weiser, Idaho, has located in The Dalles, Oregon.

Dr. H. M. Guilford, of Minneapolis, has located in Blaine, Washington.

Dr. E. A. Irwin of Butte, was a recent visitor in Anaconda, Montana.

Dr. E. H. Baylis, formerly of Abbeville, La., has moved to New Ibena, La.

Dr. J. A. Geisendorfer, of The Dalles, recently spent a few days in Portland.

Dr. E. P. French, formerly of Montesano, Wash., has located at Elma, Wash.

Dr. E. F. Cunningham, of San Francisco, has located in Ballard, Washington.

Dr. Lamberson, of Lebanon, Ore., is, we are glad to say, steadily improving.

Dr. E. Clymer, of Deming, New Mexico, died on October 21st, of tuberculosis.

Dr. T. E. Cunnane, formerly of Santa Paula, Cal. has moved to Ventura, Cal.

Dr. G. E. Mayhew, formerly of Edgewood, California, has moved to Red Bluff, Cal.

Dr. G. V. Calhoun, of Seattle, was recently visiting friends in Whatcom, Washington.

Dr. E. H. Stanley, of Port Angeles, Washington, has gone east for an indefinite visit.

Dr. J. W. Goodheart, of Lexington, Ill., has located permanently in Whatcom, Washington.

Dr. W. T. Miracle, of Richland, Oregon, has gone to New York to take a post graduate course.

Dr. C. A. Canfield, for many years a resident of Preston, Idaho, has moved to Ogden, Utah.

Dr. R. R. Shafer, a graduate of Barnes Medical College, St. Louis, has located in Cambridge, Idaho.

Dr. R. R. McFarlane, of Dawson, was in Vancouver, B. C. ,where he took the medical examination.

Dr. L. Carpenter, formerly of Vallejo, Cal., has for some months been located in San Francisco, Cal.

Dr. W. A. Long has returned from his European trip, and will resume practice in Lewiston, Montana.

Dr. Walter Bruce, of Salmon, is acting as house physician in St. Vincent hospital, Portland, Oregon.

Dr. J. W. Powell, of Oregon City, who has been ill, is again able to attend to his professional duties.

Dr. Hinkle, of Medford, Oregon, has been and still is quite ill. We trust

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he may soon be restored to usual condition.

Dr. A. N. Hollabaugh, who recently graduated from Vanderbilt University, at Nashville, Tenn., has located in Drain, Oregon.

Dr. T. C. Smith, Sr., and wife, after passing the winter in Nevada and California have returned to their home in Salem, Oregon.

Dr. A. R. Schier arrived in Seattle on his way to Fort Worden, near Port Townsend, to which place he was recently assigned.

Dr. H. J. Littlefield, has returned from Phoenix, Arizona, to his home in Newberg, Oregon, very much improved physically.

Dr. John Adams, one of the pioneer physicians of Ritzville, and Miss Myrtle Graham, of Pullman, were married at Spokane recently.

Dr. L. T. Brock, of Sumpter, Oregon, was recently in Portland, visiting with his old friends in this city, of whom he has a great number.

Drs. C. H. T. Atwood and F. M. Day, of Eugene, have dissolved partnership.

Dr. J. E. Andrews, of Weiser, Ida., has located in The Dalles, Oregon.

Dr. G. W. Stephenson, formerly of Medford, Ore., has located at Flora, Ore. The doctor was in Portland recently on business and pleasure combined.

Dr. E. H. Parker has returned home from Arizona and is taking up his professional work once more. His friends are congratulating him upon his very excellent appearance.

Dr. J. J. Gingles, of Seattle, who has many friends at his former home in Portland, has been spending a few weeks at Paso Robles, California, for purposes of health and pleasure.

Dr. Otto Meeseman, late of Portland, after a short stay in Milwaukee, Wis., visiting relatives, has gone to Germany, where he will be for some time, taking a post-graduate course.

Dr. K. A. J. Mackenzie, surgeon of the O. R. & N. in Portland, who recently spent several weeks in the southeast on a trip for rest and recreation, is once more at home in this city.

Dr. W. L. Wood is expected home in a few days from Tucson. He writes from there saying that he believes he is well once more and shall again take up the duties of his professional life.

Dr. H. J. Whitney, of Davenport, was recently quite seriously injuried while driving about six miles from town. He was unconscious when rescued from his perilous condition in the runaway.

Dr. H. Vance Clymer, formerly of El Capete, Mexico, has been appointed surgeon for the California King Gold Company at Picacho, Cal. While he will be in Picacho his family will reside in Phoenix.

Dr. W. H. Hare, of North Yakima, Washington, has been recommended for appointment as supervisor of the eastern part of the Rainier Reserve, by the congressional delegation at Washington, D. C.

Dr. R. E. McKechnie, of Nanaimo, B. C., has gone east expecting to spend three months in Montreal and New York, and then proceed to Vienna. He expects to return in a year and locate in Vancouver, B. C.

Surgeon Schier returned about three week ago from the Philippines, and went from San Francisco to Columbus, O., with a returning regiment. After a two weeks' leave of absence he was ordered to the coast.

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Dr. E. H. Thornton, of Portland, has a sterilizing apparatus which is described in the Medical Exchange Bureau which if any of our readers desire such an aparatus we would ask them to carefully read and then write the doctor.

Dr. James Franklin Blare, of Butte, and Miss Elizabeth Pickering, of Bridgewater, Mass., were married May 6th. Dr. Blair has purchased the Foster hospital in Bogemian, and will reside there after returning from their honeymoon.

Dr. J. H. Kime, of Alton, California, in a note to the Sentinel, reports things as going along nicely in that part of the country. The doctor has many friends on this coast who are always glad to know that he is well and that he likes his location.

Dr. W. J. Coghlan, who has located in Portland, is associated with D. J. F. Dickson, in the special work of occulist and aurist. Dr. Coghlan was for two years house surgeon at the New York Eye and Ear Infrmary, and also took service in the Massachusetts Ee and Ear Infirmary at Boston.

The doctors of medicine who successfully passed the examination of the Oregon State Board of Medical Examiners, held in Portland, April 4-5, are now entitled to practice in any part of the state, are as follows: F. T. Beauchamp, Walter W. Bruce, Orland W. Bean, James W. Thomas and Augustus E. Tamiesie, all graduates of the medical department of Willamette University, Salem; E. Martin Adams, Alys A. Bixby, Walter B. Brandon, Charles S. Edwards, William K. Haviland, Alfred E. King, Maud W. Kramer, Sanford Loeb, Edward A. Marshal, Ray W. Matson, Neil A. O'Leary, Elsie D. Patton, F. L. Smith, Alvin B. Stone, George W. Tamiesie, Ward B. VanVechten, Floyd M. White, Nancy N. White and Sherald F. Wiltsie, all graduates of the medical department of the University of Oregon. The following physicians who graduated outside the state passed the examination: Clarence E. Kennedy, of Indiana; Walter T. Brown of Nashville, Tenn.; Joseph A. Collie, Chicago; Henry J. Minthorn, Newberg, Or.; Walter W. Smith, La Grande; J. M. Coghlan, Holyoke, Mass.; Carl F. Raver, Ann Arbor, Mich.

Arrest of Natural Respiration Five and a Half Hours Before Stoppage of the Heart in a Case of Eclampsia.

Bidone (Ann. di Obstet., Firenze, 1901) publishes report of a remarkable case which occurred in his practice. The patient was a miltipara, seven months pregnant, and was seen by him for the first time in a condition of eclamptic coma. The patient's respirations, which at first were regular, ceased to be so, and then stopped, the pulse at the same time becoming slower and weaker. Artificial respiration was begun, with the result that cyanosis disappeared, but no return to consciousness followed. In order to save the woman's life Ceasarean section was performed, and a dead fetus was removed. During the operative procedures artificial respiration was continued; the heart still beat with regularity and considerable force. No return to consciousness manifested itself, and finally, after five and a half hours of artificial respiration, the patient was allowed to die owing to the physical prostration of the attendants, which prevented them from continuing the process any longer.—Edinburg Medical Journal.

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MEDICAL SENTINEL

VOL. X JULY, 1902 NO. 7

ORIGINAL ARTICLES

Spotted Fever.

By G. T. McCullough, M.D.
Missoula, Mont.

Read Before the Montana State Medical Society, Anaconda, May 21, 1902.

This disease has prevailed in varying degrees of intensity in the Bitter Root Valley, from the earliest history of its settlement by white inhabitants. Prior to that time there is convincing evidence that the Indians were also subject to this ailment. It is also known by the name of "black fever" or "blue disease," likely originating from the dusky or bluish appearance of those afflicted a short time before death.

Spotted fever is not confined to Western Montana; in certain sections of Idaho and in Alaska reports show the same malady. I wish to call attention to these points for the purpose of correcting the erroneous idea that it is a new and mysterious disease, and baffles the physicians in this locality, and referred to as a great "bugbear" to this particular section during late winter and early spring.

That it is very fatal I must confess, but perhaps not more so than Asiatic cholera or yellow fever. The definition of spotted fever given in the new Standard dictionary is: "Cerebrospinal fever, characterized by livid spots on the skin." Text books of authority also mention cerebrospinal fever or cerebrospinal meningitis as being called spotted fever. Yet I consider it a different and distinct disease.

It more nearly resembles typhus fever than any other continued fever with which I am familiar, with the exception that it is not contagious. The typical cases run a well defined course, and patients surviving the fourteenth to sixteenth day are likely to recover.

ETIOLOGY.

That it is due to a specific germ, the same as diphtheria, pneumonia or typhoid, there seems to be but little doubt; what this specific germ is, we are as yet unable to say.

The season of the year that most cases develop is in springtime, likely more in April and May than at other times, yet it has occurred as early as January, and as late as July. This is a characteristic feature, the same as malarial affections develop in malarial districts much more in the fall of the year. The locality has a bearing upon the development of this de-

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plorable affliction with suitable environments, most cases giving a history of exposure to wet and cold, or violent physical exercise and over exertion.

SYMPTOMS.

The onset may be marked by a sudden and severe chill and dizziness, with high fever following, associated with intense soreness seemingly of the entire muscles of the body, or it may come on insidiously, a feeling of malaise for a few days gradually getting worse and merging into a well-defined "bone ache," and slight chilly sensations mostly in the morning.

Delirium usually manifests a very active part in the symptoms, and may be low and muttering, or only a mental hebitude, the patient being partly rational. Jaundice accompanies the majority of cases, depicted over the entire body, and well marked upon the conjunctiva. A glazed appearance of the face, bordering upon being copper colored, and taking a bluish or dusky hue as the disease advances.

ERUPTION.

This very prominent feature of the disease usually appears from the third to the sixth day, more frequently upon the back first, or simultaneously with the ankles and wrists, and extends over the entire body, presenting an appearance not unlike a turkey egg. This also varies, and may be seen in the form of a petechia extending to a decided ecchymosis upon an area of the body the hand would cover.

The macules partially disappear under pressure early in the eruptive stage, but later become permanent, and take on a darker hue, losing the pink tinge that predominates when the eruption first appears.

TEMPERATURE AND PULSE.

These assume the form of most continued fevers, both gradually increasing until the acme of the disease is reached in non-fatal cases about the end of the second week. Very high temperature is not unusual, ranging from 102 to 106 F.

The pulse varies from 80 to 120 in typical cases, and lacks volume and regularity as the disease advances.

COMPLICATIONS.

Hypostatic pneumonia, rheumatism, gangrene and hemorrhagic diathesis seem the most usual to complicate the disease. There is a marked tendency to hemorrhage, —nasal, throat, lungs and bowel, each have been known to be affected, and the blood loses power of coagulation.

Gangrene frequently affects the toes, fingers and dependent portions of the body. Purpura hemorrhagica occasionally accompanies severe cases, the hemorrhagic spots becoming as large as the thumb nail.

Pneumonia predominates in frequency as a complication, and such involvement of the lung along with the predominating illness, generally terminates the earthly career of the patient.

DIAGNOSIS.

The well marked symptoms of general bad feeling, coated tongue, constipated bowels, accelerated pulse and temperature, the expression denoting profound intoxication of the entire system with some grave illness, the unusual intense soreness all over the body affecting both bones and muscles, perhaps

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more marked along the spine and back of the neck and head, the icterus appearing from fifth to tenth day of illness, and the characteristic eruption following, leave little room for doubt regarding the type of illness we have to contend with.

There may be vomiting to greater or less degree, epistaxis, opisthotonos, exaggerated superficial skin hyperæthesia, as well as deep soreness, the patient fearing to be moved or touched. The type of delirium previously mentioned, indifference to their surroundings, apathy for food or nourishment, with mouth parched and dry, sordes upon the teeth, and the later peeling of the eruptive spots upon those that recover, render our diagnosis to exclude everything else but spotted fever.

PROGNOSIS.

This is very grave in typical severe cases, but there is no doubt that many mild and moderately severe cases recover. Where the systematic infection is pronounced, jaundice very plainly discernible over the entire body, delirium of low muttering type, hemorrhagic diathesis portrayed in the dusky appearance of the eruption, these cases invariably die.

Dr. T. H. Hanbidge, of Victor, reports sixteen cases coming under his observation, twelve of these terminated fatally. Dr. R. Gwinn, during his practice at Stevensville, reports that, as near as he can recollect, thirty out of forty severe cases resulted fatally. Sister Superior at St. Patrick's hospital at Missoula, reports that in the past five years each spring they have had an average of three cases, and out of the total of fifteen cases but three recovered, one gentleman and two ladies. It is more prevalent and fatal among adult males than it is among females and children.

About an average of three cases each season have come under my own observation during the past twelve years, and in fully three-fourths of these death ensued. The milder cases where symptoms are not so marked, in which the jaundice, delirium, high temperature, eruption and systematic infection are slight or entirely absent, the prognosis is usually favorable. Upon investigation I have been unable to learn of any authentic clinical reports being obtainable at this time.

TREATMENT.

The best results are obtained by symptomatic and eliminative treatment. Evidence leads one to conclude the disease to be a blood dyscrasia. For cases encountered within the first three or four days I begin with:

℞ Hydrar. Chlor. Mite
et
Sodii Bicarb. aa gr. i.
Tablet No. xii.

Sig. One tablet every half hour till all are taken.

This rarely fails to produce free purgation, and unloads the intestinal canal, thereby relieving any tendency to hepatic engorgement. Should catharsis be insufficient a clyster containing a teaspoonful of turpentine should be given. Then with a view of eliminating the noxious accumulations in system, and in some degrees modifying the Jaundice, give:

℞ Sodium Phosphatis ℥ ii.

Sig. Teaspoonful given in hot water every three hours.

By administering this remedy at above named intervals, the bow-

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els are kept free, diaphoresis increased, and muscle soreness diminished.

For the active delirium and sleeplessness I have found no more effectual remedy than

℞ Chloral Hydratis.
Kali Bromidi aa ʒ iii.
Tinct. Hyoscyam ʒ ii.
Flu. Ext. Glycyrrhiza. ℥ ss.
Aq. Menth Pip. q. s. ℥ iii.

M. Sig. Two teaspoonfuls in two tablespoonfuls of water when very restlessness, and repeat in six hours if needed.

The high fever and moderate delirium call for the ice bag applied to the head, cold sponge bath if not too much body tenderness, and occasional ten grain doses of Antipyrine.

Heart action should be watched, and any tendency to weakness of that organ should be stimulated by 1-30 gr. strychnia given hypodermically as demanded. Supportive treatment as well as germicidal, and having a particular action upon the blood, I have found useful—

℞ Hydrar. Bichlor. gr. i.
Liq. Pot. Arsenitis ʒ ii.
Tinct. Ferri Chlor. ℥ ss.
Acid Phos. Dil. ℥ i.
Syr. Limonis q. s. ℥ vi.

M. Sig. Teaspoonful in wineglass of water four times a day.

In addition to above medication, the special symptoms and complications require careful treatment best adapted to such complications individually.

REMARKS.

The name spotted fever I consider a good one, for this reason: To the laity it bodes grave responsibility. We well know that certain diseases afflicting a patient to a profound degree are inconsistent with life. Many of these cases terminating fatally with the best skill and untiring energy an intelligent physician can give them, we then feel the burden is somewhat lightened, and the responsibility of life is shared by family and friends if they are prepared for the inevitable.

The medical attendant under such circumstances is not expected to be possessed of supernatural powers of restoring the dead to life, though he has left no stone unturned.

It is just as plausible and probable that certain areas in the Rocky Mountain district the inhabitants are subject to an epidemic disease at one particular season of the year, as the people living on the Isthmus have Panama fever, or those in the southern part of the United States have Yellow fever at a certain season of the year.

This disease is more widely spread than generally supposed. Careful inquiry elicits the fact the fact that it has prevailed at Camas Prairie, up the Blackfoot, Phillipsburg, Clinton, Rock Creek, Rattlesnake Valley and far up the Lo Lo, all regions separate and apart from the supposed infected area in Bitter Roor Valley.

Pediculus Pubis.

Cut hair short and saturate part with kerosene oil for 24 hours. Take a hot soap and water bath and apply mercurial or betanaphtol ointment. Shoemaker recommends for any form of lice:

℞ **Betanaphtol, ʒ j.**
Aq. cologne, ℥ iv-vj.
—Anders, Prac. of Med.

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EXTRACTS

Restlessness in Acute Disease.

A factor which very greatly intensifies all the elements of acute disease is restlessness. In every case this symptom is to be dreaded because it tends to reduce the patient's strength, and makes the prognosis more grave. We believe greatly in overcoming this element and at its first appearance it is our custom to institute treatment which is intended to correct this factor. It is the custom with some physicians to give morphine or some other opiate for this symptom. The opiates derange the secretions very greatly and we have ceased to resort to them. The bromides are also given by some physicians but they are not applicable because they depress the heart and cannot be taken long without producing bromism. The most satisfactory remedy which we have employed to overcome this restlessness of acute disease has been Daniel's Conc. Tinct. Passiflora Incarnata. Given in doses of a teaspoonful every three hours the remedy overcomes restlessness, and the patient secures natural refreshing sleep, and he feels stronger, and the course of the disease is very often in this way favorably modified. A patient with typhoid fever who is restless, tossing from one side of the bed to the other will soon develop a weak irritable heart, he will be sleepless, and the course of the disease will be rendered worse as regards duration, and we may fear the greatest termination unless we are successful in controlling this symptom. Sometime ago me saw in consultation a patient who had pneumonia, and who was very restless, and sleepless. The attending physician had found this symptom (restlessness) a most unpromising one in several cases he had treated before, and this is why he called in a consulting physician. At our instance Daniel's Conc. Tinct. Passiflora Incarnata was given regularly and the patient began after the third dose to sleep, and after that he had no further restlessness. This patient went on to a complete recovery.

The favorable action of Daniel's Conc. Tinct. Passaflora Incarnata in this class of cases is due to its tonic action on the brain and nerve centers.

NORAROZ SIXETHAMER, M. D.
Havana, Cuba.

Antidote for Formaldehyde.

In view of the fact that this chemical is coming more and more into general use as a disinfectant and antiseptic, cases of poisoning from it will become more frequent. We have an easily accessible and reliable antidote in ammonia water. It may be given in the form of ammonia water (a few drops well diluted) or the aromatic spirit of a solution of ammonium acetate.—Merck's Archives.

Sodium Citrate in Diabetes.

This drug in dosage of 3 1¼-5 2½ has been found by P. Dalche and M. Cateret (Bull. generale de Therapeutique), to be a valuable adjuvant to more powerful remedies in causing a diminished secretion of sugar. It does not upset the stomach, as its decomposition sets free citric acid which is well borne. It may cause diarrhea. In the urine, besides loosening the sugar, it causes decrease in the urea, and increase in the phosphates and chlorides.—Med. News.

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JULY, 1902

MEDICAL SENTINEL

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Reorganization of State Societies.

The committee on by-laws and the executive committee of the Oregon State Medical Society have followed out the instructions of the committee on by-laws of the A. M. A. and have approved the form of Constitution and By-Laws which has been recommended by the supreme medical body of this Association.

In its plan and the new plan of the A. M. A. a radical change will be effected in the relation of medical men to each other and to the various medical bodies, which will have to be thoroughly tried before we shall know whether it is to work out well or not. The belief has been held that the A. M. A. will only accept physicians in good standing in their own local neighborhoods and that the controversies which have heretofore been taking place in the parent body will be eliminated.

While this arrangement may prove a very desirable one for thickly settled portions of the country, there is some doubt whether it is going to prove highly advantageous in the sparsely settled regions of the West. One thing is certain, and that is that at its beginning it is working many hardships.

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We have in Portland a Woman's Medical Club of from twelve to twenty members, a very prosperous organization, and one doing work of great credit to its members and the lady practitioners of medicine on this coast. One clause in the constitution of their society is that no one is eligible for membership who is not also a member of the Oregon State Medical Society. Until a few weeks ago women were not admitted in the Portland Medical Society, now the City and County Medical Society, although women practitioners were recently invited to affiliate. Under the State Medical Society constitution members of the State Society who are not members of the City and County Society are to be legislated out of the state organization, by which the anomalous condition exists where all the members of a regular body, which requires as its first prerequisite membership in the Oregon State Society, are to be legislated out of the state society. These matters, however, will doubtless be taken care of by the City and County Society, so that not as great a hardship will be worked upon these ladies as upon many practitioners of medicine who live in remote parts of the state, and who are consequently affiliated with no regular society.

But three societies have been recognized up to this time by the officers of the State Society. They are the City and County, the Eastern Oregon and the Southern Oregon Societies. In the City and County Society there are also members who are not members of the State Society. In the Eastern Oregon Society there are a few who are not affiliated with the state organization, but most of the members of the Southern Oregon Association, which is a small body, are already affiliated.

Under the new law, unless the local society materially augments their own membership, the State Society will lose from one-third to one-half of its membership. As the state dues have been reduced to $2, the income under the present state of affairs will be considerably less than one-half what it has formerly been. We mention these facts that those having charge of the local societies may realize their own responsibility in enlarging the membership in their organizations, and to call upon our brethren in remote districts to organize county societies in which shall be affiliated every reputable practitioner in the state.

We publish elsewhere the greater portion of the proposed constitution for the state society, and would call attention to the fact that it is the intention of the A. M. A. that petty jealousies and personal differences shall be laid aside in the election to membership in these societies.

Section 10 of Chapter 12, in the By-Laws, says that an effort should be made by every doctor and by the society as a whole to increase the membership until it embraces *every qualified physician* in the country.

Section 5 says that every reputable and registered physician who is practicing, *or who will agree* to practice non-sectarian medicine, shall be entitled to membership, and that before a charter is issued to a county society full and ample notice and opportunity shall be given to *every physician* in the country to become a member.

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Section 6 of the By-Laws evidently implies that the societies are to abandon the old hypothesis, that they "are in no sense reformatory institutions," because section 6 provides that the Council of Delegates shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality and shall continue these efforts until *every physician* in every county of the state *who can be* MADE reputable has been brought under medical society influence.

If the spirit of the new arrangement shall be carried out in the manner intended, it will work beneficially; otherwise, the day of its adoption will be one of distress to the best interests of the profession.

Oregon State Society's New Constitution.

The salient features, and in fact almost the complete matter for the new Constitution and By-Laws for the State Society of Oregon, as recommended by the National Society and approved by the committee on by-laws and the executive committee of the Oregon Society, is herein given:

CONSTITUTION.

Article I.—Name of the Association.

The name and title of this Association shall be the Oregon State Medical Association.

Article II.—Purposes of the Association.

The purpose of this association shall be to federate and bring into one compact organization the entire medical profession of the State of Oregon, and to unite with similar Associations in other States to form the American Medical Association; with a view to the extension of medical knowledge, and to the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

Article III.—Component Societies.

Component Societies shall consist of those county and district medical societies which hold charters from this Association.

Article IV.—Composition of the Association.

Section 1. This Association shall consist of members and delegates.

Sec. 2. Members. The members of this Association shall be the members of the component county medical societies.

Sec. 3. Delegates. Delegates shall be those members who are elected in accordance with this Constitution and By-Laws to represent their respective component county societies in the House of Delegates of this Association.

Article V.—House of Delegates.

The House of Delegates shall be the legislative and business body of the Association, and shall consist of (1) Delegates elected by the component county societies, and (2), ex-officio, the officers of the Association as defined in this Constitution.

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Article VI.—Sessions and Meetings.

The Association shall hold an annual session, the time and place for holding of which shall be fixed by the House of Delegates.

Article VII.—Officers.

Section 1. The officers of this Association shall be a president, three vice-presidents, a secretary, a treasurer and ten councillors.

Sec. 2. The president, vice-presidents, secretary and treasurer shall be elected for a term of one year. The councillors shall be elected for terms of five years each, the councillors being divided into classes so that two shall be elected each year. All of these officers shall serve until their successors are elected and installed.

Sec. 3. The officers of this Association shall be nominated by the House of Delegates and elected by ballot by the Association on the morning of the last day of the annual session, but no delegate shall be eligible to any office named in the preceding section, except that of Councillor, and no person shall be elected to any such office who is not in attendance upon that annual session and who has not been a member of the Association for the past two years.

Article VIII.

Refers to funds and expenses.

Article IX.

Provides the referendum.

Article X.—Provides the Seal.

The Association shall have a common seal, with power to break, change or renew the same at pleasure.

Article XI.—Amendments.

The House of Delegates may amend any article of this Constitution by a two-thirds vote of the delegates registered at that annual session, provided that such amendment shall have been presented in open meeting at the previous annual session, and that it shall have been sent officially to each component county society at least two months before the session at which final action is to be taken.

BY-LAWS.

Chapter I.—Membership.

Section 1. All members of the Component County and District Societies shall be privileged to attend all meetings and take part in all of the proceedings of the annual sessions, and shall be eligible to any office within the gift of the Association.

Sec. 2. The name of a physician upon the properly certified roster of members, or list of delegates, of a chartered county society which has paid its annual assessment, shall be prima facie evidence of his right to register at the annual session in the respective bodies of this Association.

Chapter II.—Refers to Annual and Special Sessions of the Association.

Chapter III.—General Meetings.

Section 1. The general meetings shall include all registered members, delegates and visitors, who shall have equal rights to participate in the proceedings and discussions; and, except visitors, to vote on pending questions. Each general meeting shall be presided over by the president, or in his absence or disability, or by his request, by one of the vice-presidents. Before it, at such time and place as may have been arranged, shall be delivered the annual address of the president and the annual orations, and the entire time of the session so far as may be shall be devoted to papers and dis-

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cussions relating to scientific medicine.

Sec. 2. The general meetings shall have authority to create committees or commissions for scientific investigations of special interest and importance to the profession and public, and to receive and dispose of reports of the same; but any expense in connection therewith must first be approved of by the House of Delegates.

Chapter IV.—House of Delegates.

Section 1. The House of Delegates shall meet annually at the time and place of the annual session of the Association, and shall so fix its hours of meeting as not to conflict with the first general meeting of the Association, or with the meeting held for the address of the president and the annual orations, and so as to give delegates an opportunity to attend the other scientific proceedings and discussions so far as is consistent with their duties. But if the business interests of the Association and profession require, it may meet in advance, or remain in session after the final adjournment of the general meeting.

Sec. 2. Each component county and district society shall be entitled to send to the House of Delegates each year one delegate for every 35 members, and one for each major fraction thereof, but each county and district society holding a charter from this Association, which has made its annual report and paid its assessment as provided in this Constitution and By-Laws, shall be entitled to one delegate.

Sec. 3. A majority of the registered delegates shall constitute a quorum, and all of the meetings of the House of Delegates shall be open to members of the Association.

Sec. 4. It shall, through its officers, advisory council and otherwise, give diligent attention to and foster the scientific work and spirit of the Association, and shall constantly study and strive to make each annual session a stepping-stone to future ones of higher interest.

Sec. 5. It shall consider and advise as to the material interests of the profession, and of the public in those important matters wherein it is dependent upon the profession, and shall use its influence to secure and enforce all proper medical and public health legislation, and to diffuse popular information in relation thereto.

Sec. 6. It shall make careful inquiry into the condition of the profession of each county in the State, and shall have authority to adopt such methods as may be deemed most efficient for building up and increasing the interest in such county societies as already exist, and for organizing the profession in counties where societies do not exist. It shall especially and systematically endeavor to promote friendly intercourse between physicians of the same locality, and shall continue these efforts until every physician in every county in the State who can be made reputable has been brought under medical society influence.

Sec. 7. It shall encourage post-graduate work in medical centers, as well as home study and research, and shall endeavor to have the results of the same utilized and intelligently discussed in the county societies. (With these ends in view, five years after the adoption of these By-Laws no voluntary paper shall be placed upon the annual program or be heard in the Association, which has not first been read in the county society of which the author is a member.)

Sec. 8. It shall elect representa-

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tives to the House of Delegates of the American Medical Association in accordance with the Constitution and By-Laws of that body in such a manner that not more than one-half of the delegates shall be elected in any one year.

Sec. 9. It shall, upon application, provide and issue charters to county and district societies organized to conform to the spirit of this Constitution and By-Laws.

Sec. 10. In sparsely settled sections it shall have authority to organize the physicians of two or more counties so as to distinguish them from district and other classes of societies, and these societies, when organized and chartered, shall be entitled to all the privileges and representation provided herein for county societies, until such counties may be organized separately.

Sec. 11. It may divide the counties of the State into ten Councillor Districts, and, when the best interest of the Association and profession will be promoted thereby, organize in each a district medical society, to meet midway between the annual sessions of this association, and members of the chartered county societies, and none others, shall be members in such district societies. When so organized from the presidents of such district societies shall be chosen the vice-presidents of this Association, and the presidents of the county societies of the district shall be the vice-presidents of such district societies.

Sec. 12. It shall have authority to appoint committees for special purposes from among members of the Association who are not members of the House of Delegates, and such committees may report to the House of Delegates in person, and may participate in the debate thereon.

Sec. 13. It shall approve all memorials and resolutions issued in the name of the Association before the same shall become effective.

Sec. 14. It shall present a summary of its proceedings to the last general meeting of each annual session, and shall publish the same in the transactions.

Chapter V.—Election of Officers.

Section 1. All elections shall be by secret ballot, and a majority of the votes cast shall be necessary to elect.

Sec. 2. The House of Delegates on the first day of the annual session shall resolve itself a committee on nominations. It shall be the duty of this committee to consult with the members of the Association and to hold one or more meetings at which the best interests of the Association and of the profession of the State for the enuing year shall be carefully considered. The committee shall report the result of its deliberations to the Association in the shape of a ticket containing the names of three members for the office of president and of two members for each of the other offices to be filled at that annual session. No two candidates for president shall be named from the same county.

The report of the nominating committee and the election of officers shall be the first order of business of the Association after the reading of the minutes on the morning of the last day of the general session.

Sec. 3. Nothing in this article shall be construed to prevent addition nominations being made by members of the House of Delegates.

Chapter VI refers to the duties of officers.

Chapter VII.—Council.

Section 1. The council shall hold daily meetings during the annual

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session of the Association and at such other times as necessity may require, subject to the call of the chairman or on petition of three councillors. It shall meet on the last day of the annual session of the Association for reorganization and for the outlining of work for the ensuing year. At this meeting it shall elect a chairman and secretary, and it shall keep a permanent record of its proceedings. It shall, through its chairman, make an annual report to the House of Delegates at such time as may be provided.

Sec. 2. Each councillor shall be organizer, peacemaker and censor for his district. He shall visit each county in his district at least once a year for the purpose of organizing component societies where none exist, for inquiring into the condition of the profession and for improving and increasing the zeal of the county societies and their members. He shall make an annual report of his doings, and of the condition of the profession of each county in his district to each annual session of the House of Delegates. The necessary traveling expenses incurred by such councillor in the line of the duties herein imposed may be allowed by the House of Delegates upon a proper itemized statement, but this shall not be construed to include his expense in attending the annual session of the Association.

Sec. 3. Collectively the council shall be the board of censors of the Association. It shall consider all questions involving the rights and standing of members, whether in relation to other members, to the component societies, or to this Association. All questions of an ethical nature brought before the House of Delegates or the general meeting shall be referred to the council without discussion. It shall hear and decide all questions of discipline affecting the conduct of members or of a county society, upon which an appeal is taken from the decision of an individual councillor. Its decision in all cases shall be final.

Sec. 4. The council shall have the right to communicate the views of the profession and of the Association in regard to health, sanitation and other important matters to the public and to the lay press. Such communications shall be officially signed by the chairman and secretary of the council, as such.

Chapter VIII provides the following committees, and gives their duties:

A Committee on Scientific Work.

A Committee on Public Policy and Legislation.

A Committee on Publication.

A Committee on Nominations.

A Committee on Arrangement, and such other committees as may be necessary. Such committees shall be elected by the House of Delegates, unless otherwise provided.

The committee of arrangement will consist of the component society in the territory where the meeting is to be held.

Chapter IX.—Assessments and Expenditures.

Section 1. An assessment of two dollars per capita on the membership of the component societies is hereby made the annual dues of this Association. The secretary of each county society shall forward its assessment together with it roster of all officers and members, list of delegates, and list of non-affiliated physicians of the county to the secretary of this Association thirty days in advance of each annual session (or on or before some specified date.)

Sec. 2. Any county society which

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fails to pay its assessment, or make the reports required, on or before the date above stated, shall be held as suspended, and none of its members or delegates shall be permitted to participate in any of the business or proceedings of the Association or of the House of Delegates until such requirements have been met.

Chapter X.—Rules of Conduct.

The principles set forth in the Code of Ethics of the American Medical Association shall govern the conduct of members in their relations to each other and to the public.

Chapter XI.—Rules of Order.

The deliberations of this Association shall be governed by parliamentary usage as contained in Robert's Rules of Order, unless otherwise determined by a vote of its respective bodies.

Chapter XII.—County Societies.

Section 1. All county and district societies now in affiliation with the State Association or those that may hereafter be organized in this State, which have adopted principles of organization not in conflict with this Constitution and By-Laws, shall, upon application to the House of Delegates, receive a charter from and become a component part of this Association.

Sec. 2. As rapidly as can be done after the adoption of this Constitution and By-Laws, a medical society shall be organized in every county in the State in which no component society exists, and charters shall be issued thereto.

Sec. 3. Charters shall be issued only upon approval of the House of Delegates and shall be signed by the president and secretary of this Association. The house of delegates shall have authority to revoke the charter of any component county society whose actions are in conflict with the letter or spirit of this Constitution and By-Laws.

Sec. 4. Only one component medical society shall be chartered in any county. Where more than one county society exists, friendly overtures and concessions shall be made, with the aid of the chancellor of the district if necessary, and all of the members brought into one organization. In case of a failure to unite, an appeal may be made to the council, which shall decide what action shall be taken.

Sec. 5. Each county society shall judge of the qualification of its own members, but, as such societies are the only portals to this Association and to the American Medical Association, every reputable and legally registered physician who is practicing, or who will agree to practice, non-sectarian medicine shall be entitled to membership. Before a charter is issued to any county society, full and ample notice and opportunity shall be given to every such physician in the county to become a member.

Sec. 8. When a member in good standing in a component society moves to another county in this State, his name, upon request, shall be transferred without cost to the roster of the county society into whose jurisdiction he moves.

Sec. 9. A physician living on or near a county line may hold his membership in that county most convenient for him to attend, on permission of the society in whose jurisdiction he resides.

Sec. 10. Each county society shall have general direction of the affairs of the profession in the county, and its influence shall be constantly exerted for bettering the scientific, moral and material condition of every physician in the county; and

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systematic efforts shall be made by each member, and by the society as a whole, to increase the membership until it embraces every qualified physician in the county.

Sec. 11. Frequent meetings shall be encouraged and the most attractive programs arranged that are possible. The younger members shall be especially encouraged to do postgraduate and original research work, and to give the society the first benefit of its labors. Official position and other preferments shall be unstintingly given to such members.

Sec. 12. At some meeting in advance of the annual session of this Association each county society shall elect a delegate or delegates to represent it in the House of Delegates of this Association, in the proportion of one delegate to each (25 members) or fraction thereof, and the secretary of the society shall send a list of such delegates to the secretary of this Association, at least ten days before the annual sessions.

Sec. 13. The secretary of each county society shall keep a roster of its members, and a list of the non-affiliated registered physicians of the county, in which shall be shown the full name, address, college and date of graduation, date of license to practice in this State, and such other information as may be deemed necessary. He shall furnish an official report containing such information, upon blanks supplied him for the purpose, to the secretary of this Association. thirty days in advance of each annual session and at the same time that the dues accruing from the annual assessment are sent in. In keeping such roster the secretary shall note any changes in the personnel of the profession by death, or by removal to or from the county, and in making his annual report he shall be certain to account for every physician who has lived in the county during the year.

Chapter XIII.—Amendments.

These By-Laws may be amended at any annual session by a majority vote of all the delegates present at that session, after the amendment has laid upon the table for one day.

EDITORIAL NOTES

Spotted Fever of Montana.

Elsewhere in this issue we publish an article by Dr. G. T. McCullough on "Spotted Fever." We are indebted to Dr. J. J. Buckley, Chairman Chief Surgeon of the Northern Pacific, who is making a special study of this topic, for a copy of the following conclusions which Dr. L. B. Wilson and Dr. Wm. M. Chowning, specialists from Minnesota Experimental Station, engaged in investigating spotted fever for the Montana State Board of Health, have given out:

"1. We find the disease to be a disease of the blood.

"2. It is due to a parasite which infests the red blood cells.

"3. This parasite, which we have found in specimens from all the cases examined, resembles the parasite which causes malaria.

"4. The parasite apparently does not gain access to the body by way of the nose or mouth; that is, it is not carried by the air, drinking water or food, but it is injected into the blood by some biting insect or animal.

"5. While we do not know of a certainty what animal injects the parasite into the blood of the patient, all the facts point to some kind of a tick as carrying the disease to man

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by its bite. This rendered likely by the following facts:

(a). The disease appears in the spring shortly after ticks appear and before mosquitos or other insects have left their winter quarters. It disappears about July, when ticks disappear. though mosquitos remain for a longer time.

"(b). Many patients are definitely known to have been bitten by ticks within a few days before the beginning of their sickness. All others may have been, since no inquiry was made.

"(c). The parasite which causes malaria—and which closely resembles that causing "spotted fever"—is conveyed to man only by the bite of mosquitos of one certain kind. Only a few individuals even of this particular kind of mosquito are infested witn malaria parasite. Consequently only people who are bitten by these few infested mosquitos have malaria.

"(d). It has been proven that the disease of cattle called 'Texas Fever' is conveyed to the cattle only through the bite of certain individuals of one kind of tick. Many cattle are bitten by ticks. but only those which are bitten by ticks infested by the germ of Texas fever take the disease.

"(e). The history of spotted fever is that of severe, acute, infection of the blood occurring in a few separate cases—rarely more than one in a family—in a very limited territory in the spring of the year.

"All of the above facts are circumstantial, though not positive, evidence that the parasite of spotted fever is conveyed to man through the bite of some small, slow moving animal or insect which is found early in the spring and disappearing about July, and only a few individuals of which are infested with the parasite. The tick answers this description, though much work may yet be needed to determine its exact relationship to the conveyance of the disease."

Dr. W. F. Longeway, secretary of the Montana State Board of Health, has this whole matter in hand, and we hope later to publish the report of his findings.

Washington State Medical Society.

The following was the announced program at the recent meeting of this society, held in the Chamber of Commerce building, Tacoma, June 24th, 25th and 26th, 1902, which was largely carried out at the time of such meeting. The session was one of the greatest, in a medical way, which this coast has ever seen, so much so that we shall make the next issue of this journal a special Washington Society number:

Program.

Meeting called to order, 9:30 A. M., by the president, Dr. J. W. Bean, Ellensburg, Wash.

Address of welcome, Louis D. Campbell, Tacoma, Wash.

Annual report of secretary, Dr. A. H. Coe, Spokane, Wash.

Annual report of treasurer, Dr. J. B. Eagleson, Seattle, Wash.

Miscellaneous business.

Papers.

Bubonic Plague, Dr. Simon Flexner, Philadelphia, Penn.

Pathology of Diphtheria, Dr. Simon Flexner, Philadelphia, Penn.

Discussions will be opened by Dr. A. B. Kibbe, Seattle, Wash.

Puerperal Infection, Dr. J. Clarence Webster, Chicago, Ill.

Discussion will be opened by Dr. J. W. Bean, Ellensburg, Wash.

Some Considerations of Operations for Repair of Relaxed Vaginal Out-

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let, Dr. Beverly McMonagle, San Francisco, Cal.

Discussion will be opened by Dr. Ernest F. Tucker, Portland, Ore.

Talipes Equino-Varus Congenitus, Dr. J. C. Watkins, San Francisco, Cal.

Discussion will be opened by Dr. J. J. McKone, Tacoma, Wash.

Case of Exopthalmic Goitre; Treated by Removal of Part of Thyroid Gland, Dr. Thos. W. Huntington, San Francisco, Cal.

Discussion will be opened by Dr. K. A. J. MacKenzie, Portland, Ore.

The Melancholic Man, Dr. Henry Waldo Coe, Portland, Ore.

Discussion will be opened by Dr. N. J. Redpath, Olympia, Wash.

Case of Traumatic Cortical Blindness, Dr. David De Beck, Seattle, Wash.

Discussion will be opened by Dr. Luhn, Spokane, Wash.

Treatment of Appendicitis, Dr. Park Weed Willis, Seattle, Wash.

Discussion will be opened by Dr. Wm. Jones, Portland, Ore.

Uretero-Cystostomy with Traction on Ureter, Dr. Clarence A. Smith, Seattle, Wash.

Discussion will be opened by Dr. Clarence Webster, Chicago, Ill.

Ectopic Gestation of Long Standing, Dr. J. B. Eagleson, Seattle, Wash.

Discussion will be opened by Dr. E. M. Brown, Tacoma, Wash.

Some Pointers on Heart Disease, Dr. C. Quevli, Tacoma, Wash.

Discussion will be opened by Dr. Lewis R. Dawson, Seattle, Wash.

Method and Accuracy in Surgical Technique, Dr. R. C. Coffey, Portland, Ore.

Discussion will be opened by Dr. O. M. Jones, Victoria, B. C.

Sources of Infection and Methods of Prevention of Tuberculosis, Dr. Woods-Hutchinson, Portland, Ore.

Discussion will be opened by Dr. K. Winslow, Seattle, Wash.

Surgery in and Around the Gall Bladder and Ducts, Dr. Casper W. Sharples, Seattle, Wash.

Some Unusual Forms of Tertiary Syphilis and Treatment, Dr. J. S. Kloeber, Hot Springs, Wash.

Discussion will be opened by Dr. Fred Essig, Spokane, Wash.

Dr. J. J. McKone, Tacoma, Wash.; Title to be announced later.

Poisoning in Chloroform in Presence of Open Flame, Dr. K. Winslow, Seattle, Wash.

Discussion will be opened by Chas. McCutcheon, M. D., Tacoma, Wash.

Cystic Kidney, with Report of an Interesting Case, Dr. K. A. J. MacKenzie, Portland, Ore.

Discussion will be opened by Dr. F. H. Coe, Seattle, Wash.

Legal Medicine, Chas. O. Bates, Esq., Tacoma, Wash.

Fumigation of Dwelling Houses After Contagious Diseases, Dr. Geo. W. Libby, Spokane, Wash.

A Plea for the Early Non-Surgical Treatment of Strabismus, Dr. Hamilton Stillson, Seattle, Wash.

Discussion will be opened by Dr. P. B. Wing, Tacoma, Wash.

The Therapeutic Value of Diet; Report of a Case of Autotoxaemia, Dr. V. J. Capron, Roche Harbor.

Dr. T. L. Catterson, Spokane. Wash., title to be annuonced later.

Treatment of Acute and Subacute Endocarditis, Dr. Casper W. Sharples, Seattle, Wash.

The Meaning of Uric Acid and the Urates, Dr. Woods-Hutchinson, Portland, Ore.

Discussion will be opened by Dr. J. S. Kloeber, Hot Springs, Wash.

Address (at the Lyceum theater): Contagion and Contagious Diseases, Dr. Simon Flexner, Philadelphia, Penn.

Election of new members.

Miscellaneous business.

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Election of officers for ensuing year.

Address of retiring president, Dr. J. W. Bean, Ellensburg, Wash.

Unfinished or miscellaneous business.

Adjournment.

Announcement.

The Pierce County Medical Society will entertain the members and guests of the Washington State Medical Society on the evening of the 26th, at Green River Hot Springs. A special train will leave Tacoma at 3:40 P. M. You are respectfully invited to attend.

Grant S. Hicks, M. D.,
Chairman Com. on Arrangement.

Idaho State Medical Examining Board.

The members of this Board at present are: Dr. L. P. McCalla, Boise, president; Dr. J. L. Conant, Jr., Genessee; Dr. R. L. Nourse, Hailey, secretary-treasurer; Dr. J. W. Turner, Cottonwood; Dr. Geo. Collister, Boise.

Dr. J. R. Numbers, of Weiser, has located in Portland.

The Idaho State Board of Medical Examiners is one of the most active, influential and effective organizations of its kind in the United States, and we are glad to publish in another column a communication from Dr. Nourse, the secretary, touching the state of affairs. The only exception we take to the doctor's communication is his criticism of the Medical Sentinel for having published in a former issue what Dr. Moody, of Oro Fino, had to say upon the subject of the State Board. The position of the Medical Sentinel towards the State Examining Board, is too well known to require any extended statement at this time upon such subject. Its reading columns, however, afford an arena in which medical opinions pro and con upon any of he medical occurrences of the day may be discussed by reputable practitioners.

We did not agree with Dr. Moody's views, but published his opinions and conclusions for what they were worth. The doctor represents in his views a minority in the medical profession, containing, however, a sprinkling of respectable men who do conscientiously question the value of medical boards, and what he says would, therefore, represent the belief of these people.

Medical Newspapers.

While speaking on the subject of publishing matter in the Medical Sentinel, we might again say that we feel that a medical journal is in some sense a medical newspaper, and in giving the news reference is often made to men who are, perhaps, not the leaders in their own communities. We would see no objection, for instance, in publishing an item that some doctor had been hung for murder, although we would not wish to have the Sentinel appear to be standing up for the act of murder, or for the murderer in so doing.

We are often interested in knowing, even if we have to read it in print, what our worst enemy is doing, and have no right to expect that a publication trying to give the general medical news, should only speak of us and our friends. Again, we must not feel hurt if a periodical does not speak of us, if we do not send in the news. A publisher knows nothing by intuition.

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NOTES

We are in receipt of a very unique antiseptic thermometer case fitted with a minute thermometer manufactured by the Norwich Pharmacal Co., of Norwich, N. Y., the manufacturers of "Unguentine" and other well-known products. The invention is unique and the present move demonstrates the progressive character of the Norwich people.

We are glad to have the gossipy letter which Dr. Smith, the Portland surgeon, was kind enough to send us. He promised to send us something when he went away, but we never expected to hear from him again upon the subject. The doctor asks us to sort over this matter, but we publish it as it is, and as we can guess it out, in its unconventional form. It is the belief of The Sentinel that doctors are, after all, quite like ordinary men, in that they are glad sometimes to have the scientific side of medicine presented in an every-day style, for in this way we often get nearer to facts, and if a little outside gossip, not technically scientific, is injected, it adds spice to the meal. Dr. Smith was serving the first year of his term in the House of Delegates of the A. M. A., the most aristocratic scientific body in the world.

North Pacific Dental College.

Elsewhere in this issue appears the advertisement of the North Pacific Dental College of Portland, Oregon, which will begin its tenth annual session October 1st, 1902. As an evidence of what can be done when one of the medical profession sets itself earnestly and unanimously at work, we would cite the North Pacific Dental College. Although in only its tenth year the school expects to have an enrollment, during the ensuing season of 150 students, which will be a considerable increase over the enrollment of last year and which is, we believe, the largest number of students which has ever been got together in a medical institution on this North Pacific Coast. One factor of much value in the remarkably prosperous condition of this institution, is that the dental fraternity is unanimously in its favor and also that a wise selection in its medical staff has been made, so that practically two branches of medicine feel a personal interest in the school. Again, the management has been upon a broad and liberal basis which has made for the school warm friends everywhere and credited a degree of enthusiasm and support, which is shown by the number of pupils enrolled. This school was originally at Tacoma and has a host of warm friends at the site of its former location. Dr. Herbert C. Miller, the energetic Dean of the College, is not only a graduate in dentistry but is also an M. D., of one of the best medical schools in the country.

Doctors in Oregon Legislature.

Among the large number of prominent medical men who have been recently elected to offices in the state of Oregon, the medical profession as a whole can feel that it is honored in the election of Dr. C. J. Smith, of Pendleton, because he is the president of our State Medical Society. Although Dr. Smith had several hundred party majority to overcome, he was elected in his county by nearly one thousand majority as state senator.

Dr. Harry Lane, of Portland, president of the City and County Medical

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Society, had nearly 5000 party majority against him on the general state ticket, and only fell short a couple of hundred votes, having made a most remarkable run. The influence which these two doctors had upon the general election doubtless settled the outcome in the gubernatorial contest, their own candidate, Geo. E. Chamberlain, having been elected by about 200 majority.

Dr. Kuykendall, of Eugene, was re-elected to the senate, and Dr. J. N. Harris, of Eugene, and Dr. Chas. Hines, of Forest Grove, were elected to the house. With Dr. Andrew C. Smith, of Portland, and Dr. W. Tyler Smith, of Sheridan, hold-over senators, supplemented by these new members, medical matters will doubtless be well cared for in the coming session.

British Columbia Medical Association.

Vancouver, B. C., June 10, 1902.

The Third Annual Meeting will be held in this City on Friday and Saturday, August 29th and 30th.

Members desirous of presenting papers will kindly notify the Secretary as soon as possible.

J. M. PEARSON,
Secretary.

County Medical Societies.

The Sentinel would urge upon physicians throughout the state to organize themselves in local county bodies, for the purpose of becoming affiliated with the state society, and through it with the national association. Any information which this office is able to give regarding the details of such work, will be cheerfully and promptly given.

The Wallowa County Medical Society.

Elsewhere will be found a notice of the organization of this new body, in which we congratulate the physicians of this county in Oregon for their determination although their constituents are widely scattered, to work out the best things along medical lines.

British Columbia Medical Association.

The Third Annual Meeting of this society will be held at Vancouver, B. C., on August 29th and 30th. Dr. J. M. Pearson, of that city, secretary of the society having formerly notified the profession of this fact.

Societies.

Medical Sentinel, Portland, Oregon—Messrs: This is to inform you that we have organized a Medical Society in this "Wallowa County," and named it the Wallowa County Medical Society, composed of the leading physicians of the county. Dr. G. W. Gregg, of Wallowa, was elected president and Dr. E. R. Seely secretary. A movement of much medical value to this section.

E. R. SEELEY,
Secretary.

Southern Oregon Physicians.

The Southern Oregon Medical Association, which comprises within its members the most of the physicians of Josephine, Jackson, Coos, Curry, Klamath and Lake counties, met in annual session at the hotel Oregon, Ashland, Tuesday. The gentlemen enjoyed a dinner together, and then took up the business of the session.

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The object of the association, in part, is to afford the means of exchange of views as to cases of special interest coming within the experience of any member, and the reading of professional papers. It was decided to hold semi-annual meetings in the future and the next meeting will be at Grants Pass on the first Tuesday in November next. Dr. D. M. Brower was elected president for the ensuing year and Dr. M. F. Shaw was elected secretary.

The following physicians were in attendance from Grants Pass: Drs. F. W. Van Dyke, W. H. Flanagan, J. S. Moore and H. Klebs.

Dr. Locke Takes a Partner.

Dr. Fred. Gullette, a graduate of the State University of Oregon, who was house surgeon at Good Samaritan for four years, has entered into a general partnership with Dr. J. K. Locke, of this city and their offices will continue to be over Dr. Plummer's drug store, corner of Third and Madison streets.

Dr. Gullette was located at Condon and later had charge of Dr. Littlefield's practice at Newburg. As Dr. Locke's practice is large and exacting and Dr. Gullette is a young man of ability, health and energy and as both men have the appearance of being good natured and forebearing the new arrangement is a promising one.

Fairchild Bros. & Foster and Substitution.

A representative of Fairchild Bros. & Foster, who was recently in this city, secured the prescriptions of several of our leading physicians for their Essence of Pepsin, and sent the same around to the various druggists to be filled. As the outcome of this action, the agent was showing to the physicians of Portland the stuff that was put up for two of these prescriptions by one of the leading druggists of the city, in which something else, not Fairchild's, had been employed.

The Medical Sentinel has, in season and out of season, talked with vigor upon the topic of substitution on the part of druggists, and feels certain that the plan now being pursued by Fairchild Bros. & Foster, and other manufacturing chemists, in ferreting out substitution, as was done in this case, will do more to insure to physicians that their prescriptions will be filled as they order them, than all the talk which all the medical journals in America could effect.

Medical Societies in Their Relation to Legislation.

Dr. E. E. Levers, Spring Valley, Wy.

[Extract from Presidents address.]

It is written, as by a pen of iron, upon the stony leaves of Nature's book, as well as upon the sacred pages of divine revelation, that progressing time and progressive science are one and inseparable. Again, it is painted on the rose, stamped upon the leaf, pencilled on the shell, reflected in the rainbow, and photographed upon the handiwork of earth, sea and sky, that all things are preserved and protected by a uniform system of law and regulation. There is a law for the rain-drop, another for the wind, another for the plant, another for beast, and another for man. And as there is law for the regulation and harmony of all things, so there must be legislation for the defense and protection of all men.

It is not enough for states to make

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laws in favor of governments, commonwealths, municipalities, railroad corporations, steamship lines, commercial interests, and private institutions; the ever watchful eye of the ship of state should at all times be kept upon our arts and sciences, our schools and churches, our liberties and professions. In this age of quackery and humbuggery, sectarianism and fanaticism, plunderers and ignoramuses, Christian Scientists, magnetic healers, etc., no legislation by the states can be too stringent or strict for the protection of the people and the preservation of he fraternity.

I believe in fair play on both sides of the game, in the justice of humanity and the equity of legislation; I believe in the survivial of the fittest, in every sphere of action and in every department of life, the best in trade, commerce, art, science, literature, history, and in the profession; I believe in the ablest officers for positions of trust and responsibility, the best posted attorneys for legal advisers and defenders, and the strongest and most able physicians and surgeons for use in the family, in the laboratory and dispensary, in the hospital and sanitarium, for the army and the navy; and lastly, I believe in strict and just state board of medical registration and examination.

If we want legislation to benefit the profession and protect the populace, we must organize. To accomplish the best results and secure the greatest influence a medical society should be organized in every county in the state, to which every regular practitioner in that county should belong. Every member of the profession in the state should be interested in the general welfare of the profession, and every county society should be brought into close-working relation with the state organization. It is only by means of thorough organization that the influence of the medical profession can be effectively brought to bear upon national, state and municipal legislatures and executives; and by thorough organization we mean that every practitioner in the state should belong to the county and state societies.

Medical Gossip, American Medical Association.

The Medical Sentinel asked me for a few personal items regarding the Saratoga meeting of the American Medical Association, and I am, therefore, glad to be able to report, as one of such, that Dr. J. B. Murphy, of Chicago, will be with us in September, although the date has not yet been fixed, and I am also trying to get an internal medicine man for the session of the Oregon Society. With a man of such national reputation as Murphy is to head the list, I feel that we can look for a big time at the Oregon State Medical Society meeting, although it will hurry us to keep up with the literary and medical repast which Washington has upon the table for us.

I am sorry to say that the sessions so far held have not been fully up to the average, and the work generally has not been as good as it was at St. Paul last year; in fact, some of the section meetings have been real "frosts." New Yorkers have been asking for a meeting to be held in its state for some time, and promised great things, but with one-half the medical fraternity in its states still sulky, there are possibly fewer of New York's prominent men at the meeting this year than there were at the St. Paul meeting. It does seem too bad that the New York

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fraternity cannot begin to get a little more common sense, and get around to act as a unit again. The reading of papers has been rushed through, and there seems to have been more papers than ever before, although not of as high an order as is usually the rule.

The surgical section had a great meeting on the 11th. It had been whispered that Deaver, of Philadelphia, and LePlase, Weir and Abbey of New York would be extremely radical in their papers and discussions on "Appendicitis," and that Ochsner of Chicago would cross blades with them on the side of conservatism. The tip was a correct one, and the infernal regions popped, and the big fellows were all there to watch the fray. Deaver, in his usual positive manner, declared that the operation should be immediate and radical when a diagnosis has been made, and most of the "big guns" agreed with Deaver. Then Ochsner got up and "coppered" everything which the radicalists said. His advice, in brief, was, that if the disease is discovered in its very incipiency operate, but if, as usual, the inflammation has been under way 36 to 48 hours, it is then more dangerous to operate than to wait. He urged absolute intestinal and muscular quietude. He said that intestinal rest can be secured only by preventing peristalsis, and that this can be done only by avoiding cathartics and washing out the stomach, and withholding all food; alimentation to be entirely per rectum. This will bring about localized conditions and protection by intestinal agglutination; rapid subsidence of inflammation was said to occur in every case except the malignant, which cases will die all the more promptly if operated upon. Ochsner quoted Deaver's statistics, which gave about 15 per cent of mortality, while his own were only 4 per cent of all classes operated upon primarily or in the interval, but not during the acute attack.

Mayo largely corroborated Ochsner, and what seemed to me a good case was made out, but the irrepressible Deaver would not be convinced, and gave an evasive generalization in closing, the most noticeable feature of which was the statement that Ochsner had an easier class of cases to deal with than he. (Rats!)

I narrate the above at some length because I consider it very important. I am fully in accord with Ochsner's method, as I have been practicing it in a slightly modified way during the past year, without a single death. I tried to get the floor during the discussion, but, like some other "small fry," was overlooked by the chairman, who had an eye only for the "big guns."

Speaking of "big guns" reminds me of my impression of the great Osler, the intellectual giant of "Johns Hopkins," who has been in constant attendance at the session of the House of Delegates, but who has thus far not been on his feet. While he is undoubtedly the greatest man of medicine in America, he is as modest and as lovable as a woman. Indeed, if I had to confess a real infatuation with a person with whom I am not well acquainted, and who is not of the truly lovable sex, I would name the matchless Osler. On either side of him sat J. B. Murphy and N. A. Davis, of Chicago; each was famous, none was conspicuous, all were attractive. Indeed, I was impressed with the idea that they were a splendid trio sample of true manhood and great intellectual and methodical energy. Not far away, equally quiet and attentive, sat an-

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other splendid star in the constellation of national lights, whom Portland claims as partly her product. I refer to the worthy successor of the late illustrious Christian Fenger, our own Arthur Dean Bevan. He is as handsome as ever, and adds true lustre to the brilliancy of the first rank of the nation's legion of knights of the scalpel. Bevan will be a drawing card at the Washington State Society meeting at Tacoma.

The meetings of the Council were always fully attended. The importance of this body, which in a legislative way has taken the place of the entire profession at the meetings, was too manifest to all its members to permit any to wander away from its gatherings. There is a responsibility about this position, which the individual member who has taken a general hand in the legislative affairs in former meetings, can scarcely realize until he shall himself have put upon him a burden of this kind.

Washington is fully and ably represented at this meeting by Essig of Spokane, Willis of Seattle, Slocum of Tacoma and Cox of Everett. Essig is especially popular and widely acquainted, and forcibly eloquent in discussion.

Speaking of eloquence, reminds me of Chas. A. L. Reed, of Cincinnati, who is by long odds the real orator of the A. M. A. He is an ex-president of the association, and a famous abdominal surgeon.

I find that Essig is not the only Northwestern man who is popular and well acquainted in the A. M. A., for Murray of Butte is a match for him in this respect. If there is anything you want to know about the big guns or the hot guns just ask Murray or Essig. Drs. Campbell and McCrimmon, of Butte, were also at the meeting.

An observation that is often made here is that so many young men are in the first rank in the A. M. A. work. I think perhaps the most noted, as well as the youngest of them, is one of the trio who gave charm to our state meeting last year. I refer to F. Gregory Connell, of Leadville, Colo., formerly of Chicago. When he finished the reading of his able paper he was warmly applauded by all, and conspicuously and personally commended by the venerable Marcy, of hernia fame. He is an original worker and a brilliant surgeon. His paper two years ago before this association on "Extrophy of the Bladder," took the Senn medal, and his equally original essay a year ago on "Intestinal Suture" was a masterpiece. The other two of the three young men who entertained us so ably a year ago are here, Halstead, of Chicago, and Bloodgood, of Baltimore, although I have not yet seen the latter. He is not on the program this year.

Speaking of great young men, what's the matter with Coffey, of Portland? He is as tall as any of them, and not as slow as many of them. He will read a paper tomorrow on "The Comparative Merits of Intestinal Suture," along which lines he has done a vast amount of experimental work on animals. He has thoroughly mastered this subject, and I am sure his paper will reflect credit on him, and his local society.

Well, there is a grand ball under way upstairs, and as Essig and Willis are there, with their pretty and fashionable wives, I will run up and see how they look and report to you in my next.

I will not have time to keep my promise to write up a synopsis of the meeting, so you will have to select such of this rambling gossip as suits

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you, and arrange it to please yourself. I am going to New York tomorrow night.

ANDREW C. SMITH, M. D.

MEDICAL SOCIETIES

City and County Medical Society.

The regular meeting of the City and County Medical Society was held at Portland, Ore., March 5, 1902, President Dr. Harry Lane presiding. Present: Drs. Binswanger, Bell, Bristow, Coffey, Geary, Giesy, Labbe, Saylor and Wheeler. Visitors: Drs. Cardwell, Manion, Hampton, Cobb, Gilbert, Woods-Hutchinson, E. N. Hutchinson, V. S.

The paper of the evening, "The Relation of Psychology to Medicine," was read by Dr. J. Allan Gilbert, which was printed in the June, 1902, issue of The Sentinel.

The discussion was opened by Dr. Woods-Hutchinson, and followed up by Drs. Binswanger, Cobb, Coffey and Bristow. The following were duly elected by unanimous ballot active members of the society: J. Allan Gilbert and R. J. Marsh.

On account of the lateness of the hour, the question of meat and milk inspection, intended to have been discussed, was postponed until next meeting.

Dr. Woods-Hutchinson, member of the committee on the library, reported subscriptions up to date to be over $400 and, seeing that the matter was so successful, suggested getting a room for the purpose of a reference library, to be supported entirely by the members of the society, which was by a regular motion put to the meeting and decided in the negative.

After some private business had been transacted, the meeting adjourned.

A. D. MACKENZIE, M. D.,
Secretary.

City and County Medical Society.

The regular meeting of the City and County Medical Society was held at Portland, Ore., March 19, 1902. Present: Drs. Binswanger, Coffey, Giesy, Marsh, K. A. J. MacKenzie, A. E. Tucker, Walker and Yenney. Visitors: Drs. Cobb, E. N. Hutchinson and Mr. Mulkey. Owing to the absence of the president, Dr. Lane, on account of sickness, Dr. E. F. Tucker was appointed to occupy the chair.

The meeting was called to order at 8:35 P. M., and the minutes of last meeting were read and confirmed. Dr. Woods-Hutchinson was unanimously elected by ballot an active member of the society.

Dr. R. C. Yenney showed a specimen consisting of the aneurism of the arch of the aorta with the heart and great vessels attached, which was examined with great interest by the members. The entire arch was involved. There was a small sacculated portion said to have been opposite the second right costal interspace, three inches or so in diameter and one inch deep, connected with the general cavity by a wide mouth which was said to have been the site of the observed impulse. Here the wire had been introduced, and could be seen in the specimen, and was found as far as the descending portion of the arch. Death took place 11 months after the diagnosis had been made. Gelatine injections had been used without marked effect. There was no specific history, still potassium iodide had been used in large doses. Before death patient imagined he had tetanus, supposed to

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be due to the injections, but all the symptoms were subjective.

Dr. E. N. Hutchinson, V. S., then addressed the meeting on the inspection of meat and milk, and in the course of his remarks, which were illustrated by directly observed details, it was shown that the city is in great need of inspection; there is not only great danger to the public health from diseased meat, but also the improper methods of handling the same, in transit by the various routes to the city, requires pressing attention. Meat killed in the country had necessarily to go by different routes; there was no system of hygiene at present practiced to prevent contamination. It was explained in detail that the business location of Portland favored the economical inspection of meat, as it is near interstate trade and the Department of Agriculture—the latter having existing methods for regulating interstate commerce. Other points discussed in detail were the great importance of market inspection and the handling of meat by the intending purchasers; tainted meat; the fermentative process due to changes of temperature in course of transit, aged meat, etc. It was also pointed out that the public is not aware of the great deal of immature veal which is exposed for sale, that is, the flesh of the unborn calf. Another evil was that of meat treated by salicylic acid, borax, etc., used in the making of sausages. The doctor concluded the last part of his paper by saying that nearly all these evils could be regulated by the city by means of systematic inspection. Physicians should be impressed with the importance of creating a demand for inspected meat. In discussing the question of milk, it was pointed out that the fear of milk contamination restricts its use as a food; if it were certified pure, the sale would be increased fourfold. High medium grades are on sale, but the pure is on the same base as the impure. Other points dwelt upon in an interesting way were the housing and cleanliness of the animals, and, last of all, the very important question of tuberculosis.

Mr. W. F. Mulkey, councillor, discussed the legal aspect of the question, and explained in detail the power possessed by the city, county and state for regulating matters pertaining to the public health by enforcing the same, and, if necessary, the power to destroy property; all was based upon the police power inherent in each state. He discussed some of the questions raised and suggested by the details submitted by the speaker of the evening, pointing out the legal hindrances which might arise in particular instances. He believed that the proposed new charter of the city of Portland reaches out to govern all the particulars referred to in the discussion.

Dr. Cobb said that it was thought five or six years ago that butter was infected with tuberculosis, but at the present time he believed that it was the opinon of many authorities that very few harmful bacteria were present in butter. Tubercle bacilli are very rarely found in butter, they do not thrive very well in that substance. It should also be remembered that the timothy hay bacillus resembles the bacillus morphologically. In the question of milk inspection he believed that the tubercle bacilli are not present largely in milk; they are never found unless the udder is tubercular. He advised the introduction of an ordinance against spitting similar to what was done in the East, called the "anti-spitting ordinance."

Dr. Walker asked if swine pro-

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duced tuberculosis in the human subject.

Dr. Woods-Hutchinson said that some of the details submitted by Dr. Hutchinson were very real ones. He referred in brief to the toxines found in experimental work on the Guinea pig and cattle, and gave details of a well authenticated history of scarlet fever brought about by way of milk infection. He moved, and it was duly seconded and carried, and a committee appointed by the chair, that we make introduction to the board of councillors of the city for the protection of the public, through Mr. Mulkey.

Dr. O. S. Binswanger said that several years ago he obtained permission to examine specimens of milk gratuitously in this city, and found the fat lacking. In nearly every specimen was a black deposit, and careful examinations showed that it was the actual fecal matter from the animals. There were also ptomaines found in the milk, which could not be destroyed by boiling.

Dr. E. N. Hutchinson closed the discussion, replying to a number of questions of detail, which time did not permit of but a passing notice.

A. D. MACKENZIE,
Secretary.

MULTNOMAH COUNTY MEDICAL SOCIETY.

The regular meeting of the Multnomah County Medical Society was held in the Marquam Building, June 3rd, at 8:15 P. M., Vice President W. F. Hubbard presiding. Minutes of the previous meeting were read and approved.

President Dr. J. T. Walls then read a paper on "Recent Observations on the Management and Treatment of Pulmonary Tuberculosis," relating his personal experience and observations in several cases of his own practice. Describing at length, the smyptoms presented in the various stages of the disease, and while applying the customary remedies, such as: open air, lung exercises, immobilization of the healthy part of the lung, etc., the Doctor took occasion to thoroughly test the efficacy of urea and creosote, obtaining most beneficent results. The doses of urea were gradually increased from ten grains at the beginning to one drachm four times daily, and were discontinued whenever rheumatic conditions were noticable, when creosote was substituted in doses of ten drops, gradually increasing to 100 drops in hot milk and pure rye whiskey, after the principal meals. In conclusion, the Doctor draws the following deductions: First, Tuberculosis is a disease amenable to treatment even in the advanced stages. Second, respiratory gymnastics are essential to the development of new lung tissues. Third, lung reflex should have special attention, recommending the electric cautery as specially adapted for the purpose. Fourth, intestinal antiseptics should be freely used to counteract auto-intoxication.

In opening the discussion, Dr. Cobb said, "My experience in the various treatments of Tuberculosis covers a period of 15 years, and during this time it has been my fortune to have a great number of cases to deal with, covering all phases and stages of the disease. I have used creosote in all doses, the small dose is useless. I was one of the Pioneers in large dosage. In 1896, I called atttention to some of the dangers in large dosage of creosote. Indicanuria is one of the commonest. I gave it in from forty drops to a teaspoonful dose with varying success. Many of my cases were cured and many seem to be cured or

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arrested. I showed these cases to my friends with enthusiastic pride in the results. With a large number of the cases, there was sudden onset of tubercular pneumonia and I could not help but believe that the creosote had in some way, stirred up a focus, causing softening of the tubercle and pouring tubercle bacilli into the blood vessels. I have used creosote, guaiacol, oil of cloves, kalagua, all of the so-called tonics, all the serums and tuberculins, which of course included Kleb's antiphthisin and watery extract. The Mays silver injections have been used. The intratracheal injections were made with benefit in many cases. I have seen and have done a number of Murphy intrapiural injections of nitrogen gas. This method is based on well grounded surgical procedure and if it could be done at the right time, I feel confident of its success in a large percentage of cases. The strapping of the chest which Dr. Walls has illustrated here, I believe to be unscientific for this reason: In the first place strapping the lower part of the chest wall cannot and will not force the air into the upper lung. The exchange of the oxygen of the intake air and the carbon dioxide of the outgoing air very likely occurs in the very small bronchioles and not actually in the air sacs proper. That one breathes from the nose direct into his air vesicles in an error. The fresh intake of air passes up and down the trachea and bronchi many times in the tidal air excursions before reaching the deepest portion of the lungs. The air sacs are always distended with air and forced breathing or ballooning the lungs retards the exchange of oxygen with carbon dioxide as one must see. The tubercle is a product formed between the air sacs and not in them and the breathing of air cannot reach them unless they have softened and communicated with a bronchiole. In this even it would be far better that the air should reach such a wound. Futhermore, these men who advocate the strapping of the chest—what are they to say concerning women's corsets which very much restrict the capacity of the lower lung? These same men have been raising a hue and cry against corsets. Abrams, when here last summer advocated strapping chest and was asked about corsets, and could not make a satisfactory reply.

Just here, I want to say to Dr. Tilzer, who has done much of this sputum examination that he must be very careful about the disappearance of bacilli. If they disappear from an advancing case, look out for squalls. In mixed infections, very often the tubercle bacilli are out-stripped by the saprophytic bacteria, which overwhelm the patient and kill him with septicaemia. I have seen cases in which for several days, the bacillis could not be demonstrated with any stain, but which would later stain by all methods. I have had no experience with urea. I hope that it is all that Dr. Walls believes it is. However, I have had so many bitter disappointments with all the treatments that I have ceased to believe in any curative measure, other than those based on food and "active rest" in the open air, day and night, all the time in the open air.

The term "active rest" was first used by McConnell of Lascruces, N. M., and means that a patient while running the least temperature, or sweating or losing weight, must be absolutely inactive in bed. He must not move a hand. I have paralleled every treatment, (except the urea) by rest, food and open air, and there is

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not the slightest doubt but what the air method excels all others.

If Dr. Wall will give the same minute attention to details, with open air cases, he will have just as good results. The tubercular case must be dealt with differently with each different case.

I have been interested in Dr. Wall's paper, and I trust he will not think it is in any spirit of "carping criticism" that I run counter to him. The details of his treatment are perfect and as I said before, these will give him recoveries here and there, regardless of whatever he may use, whether creosote cr watery extract, or any other drug. I would not discourage him in the slightest with the urea for it is based on the clinical observation that the rehumatic, the person with the so-called gouty diathesis, seldom has tuberculosis.

Dr. Woods Hutchinson—A new remedy for tuberculosis is always of vital interest for two reasons. First, on account of the awful prevalence and fatality of the disease and second on account of the innumerable multitude of its predecessors, with which in the end it will probably be numbered as an ultimate failure. The fluctuations in the treatment of tuberculosis, are one of the most interesting studies in the evolution of medical thought. In the pre-bacillary days, we had the good old tonics and nutritious diet to arrest the "decline." Since the era of Koch, the bacillus has been the chief point of attack. Now the pendulum is swinging back again, and the most significant thing in the modern treatment of tuberculosis, in my judgment, is that it completely ignores the bacillus. Any remedy which aims to arrest, let alone destroy the bacillus in the tissues, has no standing in court at the present day, and all that were suggested, from that point of view, such as creosote, iodoform and hydrogen-sulphide,, etc., have either been flat failures, or have owed their success to their qualities other than germicidal. The same might be said of tuberculin, and of its allies and decendants, and of the various sera. We have learned that the only thing capable of destroying the tubercule, bacillus, is a healthy human leucocyte. The only method of treatment which will cure 60 to 80 per cent of our cases, is that which drowns the patient in fresh air day and night, and lets his lungs entirely alone. We have even got away from the lung, as a point of attack in our treatment; take care of the body and the lungs will take care of themselves. In fact, I frankly confess that the more I see of tuberculosis, the more I feel inclined to echo the words of Macbeth "Throw physic to the dogs, I'll have none of it." It is peculiarly true, as Moxen, wittily remarked, "It is quite as important to know what kind of a patient the disease has got, as to know what kind of a disease the patient has got." I have, however, been hopeful from the time that urea was first suggested, that we have in it a remedy of a new type, a physiological antidote, and so far, its results, some of which have been brought before us to-night, has borne out the expectations. It will be however, two years at least, from now before we will be in a position to form any definite judgment in regard to it. Its effects are peculiarly interesting to me, on account of the mystery which surrounds its precise method of action. It is certainly neither a nutritive nor a tonic, and the only explanation I can offer, for its most satisfactory results, is that it serves as a soluble food and stimulant for the leucocytes.

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I feel more and more convinced every day that the anatomic and physiologic conditions of the patient are decidedly the two most important facts to be considered in tuberculosis. And the most important point in the treatment, is the earliest possible diagnosis of the disease. To aid in this, there are two things to be considered, which to me seem of great value. One is the shape of the chest. This I find in some 200 measurements, to be actually the opposite to that which is so usually described in our textbooks, viz: round instead of flat. The appearance of the flatness is produced by the shoulder blades rolling forward upon a round chest wall. The round chest of a consumptive is the chest form of a child, or the young adult. Any suspicious cases over 18 years of age with a chest index of 76. or over, 70 being the normal. should, in my judgment, be treated as a case of Consumption and be put out into the open air at once. The other is a deficient leucocytosis, as shown by the absence of urates from the urine. Our gouty patients seldom have tuberculosis, and urea seems to be deficient, to probably act by producing an artificial lithaemia, its consequent. Make your diagnosis by means of a round chest, and the leucocytosis, then turn your patient literally out of doors, keeping them absolutely free from any efforts and at rest, and until the temperature is entirely gone. Cram them like Strasburg geese, and two-thirds of them will recover with any drug you may choose to add or without any drug at all. I feel, however, hopeful that we have in urea a valuable physiciologial adjuvant to the resisting powers of nature.

Dr. Thomas Parker:—I very much regret being late as our worthy President can always be relied upon for a first-class paper. The urea remedy commends itself upon physiological grounds. The strapping of the lower chest walls, evidently has a similar effect to a higher altitude, viz: to augment the function of the apices. Undoubtedly prior to and during the first stage of the disease it is a measure of great utility. But when the second stage supervenes, and the bacillus gain the upper hand, or as Dr. Cobb puts it, temperature sets in, then I believe the converse to be true. An organ in its highest state of activity is on the brink of disease. Therefore, I believe that rest is an essential factor in the repair of cells, suffering from structual disease, and to be maintained until the part is reconstructed. I would ask Dr. Cobb if it is not an almost conceded fact that Kochs' baccillus has through evolution become a parasite, and that through retrograde culture it will again i. e. progeny assume the character of the saprophyte, and that morphologically, it bears a striking resemblance to some late discovered saprophytes. These facts ought to have some bearing upon prevention and treatment. I have listened with profit as well as pleasure to the discussion of this paper and desire to compliment the secretary for the presence of our visitors.

Drs. Florence Manion, Buck and Morrow, and others joining in the discussion expressed their appreciation of the able paper by the president. Also the scientific discussion by the distinguished visiting gentlemen.

Owing to the lateness of the hour, Dr. Manion's paper was postponed until the next meeting. The meeting then adjourned.

A. TILZER, M. D.,
Secretary.

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MEDICAL ASSOCIATION OF MONTANA.

Report of the Meeting May 21st and 22nd, 1902.

The first paper was read by Dr. Donald Campbell, of Butte, "Importance of Early Diagnosis in the treatment of Diphtheritic Croup." He outlined the most important symptoms and dangers. He advocated the early use of Antitoxine in all suspicious cases as being the safest course to follow and illustrated cases.

Discussion was opened by Dr. McKenzie, of Anaconda. Most cases in which Antitoxine was used the results were universally satisfactory. He reported an instance of two in a family in similar conditions, one treated by Antitoxine and the other not; the former recovered and the latter died, (the supply of Antitoxine being exhausted). Should be given early in doses of f om 3000 to 5000 units.

Dr. Gillespie said the impo·tance of large doses given early was not sufficiently recognized among the laity; has given it since its introduction and never regretted it.

Dr. Cole called attention to the responsibility of the profession in educating the laity as to the early use of Antitoxine.

Dr. Hammond—Thanks of society due the reader of the paper. He doubts if Spasmodic Croup ever becomes Diphtheritic. Dysponea is relieved by Apomorphia and one grain of Calomel every hour. Formerly saw many cases of Diphtheritic croup but has not for years with energetic treatment.

Dr. Gunn said Diphtheritic croup is so from the first. When he diagnosed before the days of Antitoxine they invariably died within twenty-four hours. Antitoxine in large doses is very beneficial. Once had a case of Diphtheria, the patient had convulsions while waiting for Antitoxine. If he had been able to have given it ten minutes earlier, Antitoxine would no doubt have been given the blame of the convulsions.

Dr. Bernheim—The diagnosis is to be made between true and false croup.

Dr. Holmes said spasmodic croup is common among children. No membrane no exudate, no necessity for giving Apomorphia; a few drops of Belladona always allays spasms and the child sleeps. There is an irritation and merely a spasm; does not require an emetic.

Dr. I . D. Freund—No question but there is Spasmodic and Membranous croup. Anything that will allay spasms will relieve the former. Before the use of Antitoxine never had a case of membranous croup get well.

Dr. Campbell in closing thanked the members for their interest. Agrees with Dr. Hammond that Apomorphia is the proper remedy.

Paper on "Hives" read by Dr. L. E. Holmes of Bozeman. He said this paper was entirely imaginary, though the disease with him was very real. He did not prepare a paper but talked from his experience. Hives is a common disease, rarely discussed and of an inferior type. He has been brought down to hives within the last few months. His subject is hives and he is the subject. It usually comes on without premonition. The first symptoms is the rash, an eruption the size of a millet seed to a pea may cover the body. No fever or a temperature of 1°; pulse up to 110; little nervous exhaustion. In mature age smoking strong cigars increase it; it follows the tendons, strongest on the back. He is adverse to the "don't scratch" advice. To allay the itching a

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rough towel and brisk rubbing answers him best.

Etiology—Probably the stomach. Strawberries and shell fish produce it. Anger invariably brings it on in some people In children it lasts a few days; to his sorrow, in older people a few months. Exudation contains toxines. Patient usually constipated.

Treatment—No specific. Restore function of the ,Alimentary Canal. Calomel and salines, aromatic spirits of ammonia or thallin is very efficient. Treat kidneys as well. External treatment—5 per cent Phenol in olive oil and later aromatic spirits of ammonia or gin externally. Rub skin with rough towel till heat and burning is gone.

Discussion opened by Dr. Hammond. He said he once had long, continuous attacks of Jaundice ushered in by a serious attack of hives. Thinks it is symptom of hepatic derangement.

Dr. Sligh thought pregnancy the cause in one of his cases. In one case when eruptions appeared, nodular eruptions occurred, jaundice following it and disappearing in about ten days, at the same time the nodular eruption disappeared.

Dr. Holmes in closing said that it was his own idea that it was caused by functional derangement of the canal. The capillaries endeavor to eliminate the toxines. The atropia. seems to allay the irritation.

The next paper was read by Dr. R. S. Freund, of Butte—"Clinical Examination of the Blood and its Value as an aid in Diagnosis." He limited his subject to the pathological condition of the blood. He said it was the only tissue we can study easily during life of the vatient. The blood examination is equally as important as that of the urine. He gave the general symptoms of anaemia, and by drawings and charts showing how the diagnosis is made in each condition. Also spoke of conditions of the blood in Leucaemia, Hodgkin's Disease, Pneumonia, Typhoid, Appendicitis, etc. He outlined the indications and advantages of blood examination in surgical work.

Dr. Sligh opened the discussion. He said the paper does great credit to the author; shows much study.

Dr. Spellman said in anaemias blood count is of much value. In Empyema the aspirating needle is of much more value. As a general rule blood examination is necessary, but results have not come up to expectation.

Dr. Bernheim—Dr. Freund claims its only value as an aid, and essential in few cases. This work would make physicians more careful and educate them to do work more scientifically; also to take greater care in making a diagnosis.

Dr. Hammond—As a contribution this is one of the best papers presented. He agrees with Dr. Bernheim in his remarks.

Dr. Freund in closing said that all that is claimed for it is its value in many cases, and that it is essential to make differentail diagnosis in some cases.

Dr. M. E. Knowles, State Veterinary of Helena, (by invitation) read a paper "Parasitic Ictero Haemat[illegible] of Sheep." He said it belonged to the same class of diseases as Malaria in man and Texas Fever in cattle. He received the thanks of the society for his kindness in presenting the paper.

"Nasal Obstruction," by Dr. Jno. A. Donovan of Butte. He outlined the general symptoms resulting from nasal obstruction and the complications. He spoke especially of the importance of a thorough knowledge of the anatomy and physiology of the nasal chambers being essential in the treat-

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ment of catarrhal conditions. He briefly enumerated the pathological conditions likely to be encountered, and suggested the most practical means of removing the same. In closing he said that much irreparable damage was done the nose by over ambitious workmen, and that unless absolutely sure surgical intervention was necessary, no attempt at it should be made.

Discussion opened by Dr. J. W. Gunn. Was glad the author did not ascribe sterility and old age to this cause. Since his attention was called to it some time ago he has noticed many cases of septal deflection, and realizes the importance of their proper treatment.

Dr. Holmes—Was pleased with the final remarks of the author that if the surgeon was not certain what should be done to let it alone.

Dr. Gillespie spoke of adenoids, and said there was no one condition so frequently met with of so much importance.

Dr. Cole—This has been a very practical paper which appeals to all of us. The report of 77% of deflected septa, he can in a small way confirm by his own observations.

Dr. L. Burnheim of Butte, read a paper "Osteopathic and Other Quackery in Our State." He gave a practical review of the present systems, explaining the cause of their existence. He considered legislation the only remedy, and that the enforcement of such laws should be in the hands of a special committee empowered to act.

Discussion opened by Dr. Sligh. He said the paper was remarkably well written. He considered public opinion as the cause. In '88 a committee secured the enactment of a law, but quacks remained. The amended bill was introduced in '95, which had it not been withdrawn would probably have resulted in the repeal of our entire medical laws. Legislators from all over the state rose in the house and quoted wonderful cures made by women of superhuman ability with remedies grown after sundown, etc.

Dr. Murray—Was chairman of the committee that introduced the bill. The fault was with the regular profession in not co-operating or working in harmony.

Dr. Conyngham—The physicians are negligent of their rights; petty jealousies responsible for much of our trouble.

Dr. Holmes—At the present time there is something radically wrong in Bozeman; the whole town in running wild after a negro there.

Dr. Cole—A splendid paper. The author fails to touch on the most dangerous quack, who is not the ignorant but the educated quack; he is not always outside of the medical association. We have accomplished much in this state and are among the pioneers for medical legislation.

Dr. Donovan considers the remedy to be the enlightenment of the people; much can be accomplished by the physician in the home and through articles by them in the public press.

Dr. Bernheim said the public does not want to be enlightened; they must be compelled.

Dr. Spellman—Enlightening the public in a difficult task. The illegal practitioner should go to the pen. He agrees with Dr. Cole's remarks.

Dr. Gillespie—Quackery always has and always will exist. It is a difference of many minds. Sick people are credulous.

Dr. Bernheim—After hearing these additional opinions still believes we should have some one to look after this matter.

The evening session opened by Dr.

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Gillespie of Portland (present by invitation). who read a paper on "Some of the Curable Forms of Insanity."

Disscussion opened by Dr. O. Y. Warren of the State Asylum. He considered it well that this subject was taken up here. He likes the idea of treating these as if they were sick people. He had one patient so depressed that he would not take tobacco without permission. Depression complete for four years then completely recovered. The remarks on dementia are timely.

Dr. Donovan—It is very important that the general physician keep this subject in mind, as on his early advice frequently depends the ultimate result.

Dr. Wilson— Has on several occasions known of diagnosis of Paresis made when it was incorrect.

Dr. Gillespie in closing wished to impress that a early diagnosis of general Paresis is extremely difficult matter, and the physician should be very careful.

"Infant Feeding" by Dr. I. D. Freund, Butte. This paper carefully reviewed this subject from a practical point, and gave formulae and directions for preparation of cow's milk to meet nearly every demand. He disapproved of preparatory foods as a rule, but favored condensed milk only in emergencies, when it was the most practical.

Discussion opened by Dr. Sligh. In this subject we are daily interested. Hopes Dr. Freund will publish the paper and send each member a copy. The suggestion is good.

Dr. Longeway—Prefers condensed milk, though formerly he was much prejudiced against it.

Dr. Spellman— Had a child develop Rickets from over-feeding. Rickets as a disease receives too little attention. In children it may become manifest as Bronchitis and Pneumonia.

Dr. Gunn thought this a most excellent paper. Believes sterilizing milk destroys its vitality.

Dr. Leiser—Uses diluted cream very largely. Babies fed on condensed milk are pale; cream improves their condition.

Dr. McCullough—Next to mother's milk is cow's milk, slightly diluted and sweetened.

Dr. Conyngham—Better results from condensed than sterilized milk. Nearly all children show poor color, signs of Rickets, etc., but out-grow it. Barley water seems to prevent curdling.

Dr. Chambliss—Prefers cow's milk. Babies should be fed at regular intervals according to weight of baby, e. g. child 20 pounds fed three times in day and once at night. If child has green stools from cow's milk, a change to condensed milk is very beneficial.

Dr. Freund said all admitted mother's milk to be the best; substitutes should be made to correspond with it. Condensed milk is deficient in proteids and fats and has a preponderance of sugar. If used, eggs, meat, etc., must be added.

"Bacteriology from a Humorous Standpoint" by Dr. J. Hood Owings, Deer Lodge. This paper was meant to entertain the society. The author not only accomplished his object, but at the same time set forth many facts in the most entertaining manner that were worthy of serious consideration.

It was discussed by Drs. Bernheim Brooke, Longeway, Gunn and other authorities on the subject. All expressed their approval.

Dr. W. V. Kingsbury, of Dillon, read a paper "Ovarian Cysts Complicating Pregnancy" (a report of three cases). He desired to show the necessity of early operation. Cysts nearly always increase in size with pregnancy. Op-

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eration should always be done at the earliest possible time. During the early months miscarriage is very unlikely to occur. He considered the pregnant woman equally as safe for operation as the non-pregnant.

Case 1.—Age 37, third pregnancy, diagnosed left ovarian tumor—operation declined—miscarriage at fifth month; recovered.

Case 2—Made diagnosis in sixth month of pregnancy—normal delivery at term—fifth day began vomiting with pain, etc—on removing the cyst on the sixth day contained fourteen pints of fluid.

Case 3—Age 26, third pregnancy—removed the tumor during the pregnancy—patient made good recovery.

Axial rotation and rupture of the cyst are dangers to be considered if operation is neglected. Thought it was always safer to operate as soon as diagnosis was made.

Discussion—Dr. Sievers asked if he would operate on appendicitis in the fifth or sixth month of pregnancy or wait.

Dr. Cole—In appendicitis, if urgent indications, operation should never be delayed. He thought tumors should be removed during pregnancy, but not if they were likely to interfere with it.

Dr. Sievers reported case where the patient died four days after the operation.

In closing Dr. Kingsbury said that he would be guided wholly by the condition of the appendix. In reply to a question from Dr. Holmes, he said he would operate in case of tubal pregnancy always at once.

Dr. G. W. King, of Helena—"X-Ray Treatment of Cancer" (illustrated). He said that over 75% of malignant growths are incurable when reached by the surgeon, as these patients are seldom seen until the later stages. The possibilities of X-Ray Therapeutics not fully demonstrated.

Patient male, age 45—one and one-half years ago developed throat trouble, growth of tonsil, glands of neck and axilla enlarged. Microscopic examination showed round celled sarcoma. Used X-Ray five minutes—tube six inches distance—interval of six days elapsed then alternate days. On tenth day noticed improvement. In one month had become nearly normal in size; but one enlarged gland remained perceptible in the axilla. He also received constitutional treatment. Six weeks have now expired and he walks several miles daily for exercise, which he formerly could not do under any circumstances. This treatment requires much time and attention. Machinery is expensive, and may be dangerous. Care must be used. He has used static machinery, tube four to six inches, average time fifteen minutes. Protect the normal part by shield.

Discussion—Dr. Donovan reported a case of malignant growth in the eyelids, that had been removed several times and was becoming much worse. Patient seems now to be cured from X-Ray exposures.

Dr. Brooke reported case of Uterine Carcinoma inoperable; seems to be improving under this treatment.

Dr. Leavitt—Said one of his patients is under treatment for cancer of the breast and improving.

Dr. Cole—The author deserves our thanks for this contribution. A patient of his with Epithelioma of the face has made rapid progress.

Dr. Freund considers this a valuable addition to our therapeutic means.

Dr. King—Said when he used it he was very skeptical, but since became convinced of its value.

Dr. C. M. Chambliss of Bozeman,

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read a paper "Necrosis of the Caecum." Reported operation for appendicitis. Appendix was found normal, but there was a perforation in the caecum. The peritoneal cavity was thoroughly irrigated repeatedly and dried with gauze. He reported several cases showing the possibility of making a differential diagnosis before operation.

Discussion—Dr. MacNevin said this is certainly a very unique case. He operated on a patient with history of recuring appendicitis for two years. The intestine was gangrenous for the area of three quarters of an inch and bound down. Made artificial anus—bowel ruptured in 24 hours—patient objected to another operation—patient in bed eleven months—then he operated. He joined the ileum and caecum. Patient was discharged in three weeks.

Dr. Holmes— Because of its rarity this is a very interesting case.

Dr. Cole—Reported two cases in his practice.

Dr. Chambliss in closing said this case is an unusual with him; can only account for necrosed patch by infection.

Dr. F. W. McCrimmon, Butte—Paper on "Rheumatic Cerebro-Spinal Meningitis" (with report of case). In this paper he briefly outlined the important symptoms and complications, giving detailed history of a case. A very interesting discussion followed.

Dr. G. T. McCullough, of Missoula, read the next paper "Spotted Fever." He said if patients survived the sixteenth day, they are likely to recover. It resembles Typhus Fever more than any other disease. Occurs between January and July; mostly prevalent in April and May. It is confined to definite localities.

Symptoms—Sudden chills, fever, dizziness, soreness of all mucles, delirium usually, develop jaundice between five and ten days, face glazed, eruption between third and sixth day, which may be general or cover only small area, temperature and pulse like most fevers. Complications:—pneumonia, etc. Hemmorrhagic diathesis—blood does not coagulate—gangrenous fingers, toes and ears—purpura hemorrhagic.

Prognosis—When serious invariably die. One doctor reported thirty deaths out of forty cases. One hospital thirteen out of sixteen. 75% deaths in his own practice.

Treatment — Calomel and soda, phos. of soda, chloral, ice, strychnin, bi-chloride of mercury and arsenic.

Dr. Longway of the State Board of Health, read the report received from Dr. Gwynn. He had 200 cases within the last fifteen years. Said it is a non-contagious disease. There is possibly of infection from pollen. Water might be considered and mosquito bite also. Reported two autopsies with nothing definite learned. He gave differential diagnosis from many diseases. His treatment was eliminative and supportive much the same as Dr. McCullough.

Discussion—Dr. Conyngham had patient with similar symptoms some years ago, but never knew of one to be in Phillipsburg.

Dr. Mills—95% of the cases originated in the small locality. Many cases might be eliminated, as people are so scared they imagine everything is Spotted Fever at this time. Resembles Typhus in every respect but is not contagious. No Typhoid Fever exists here at this season of the year, though it does in the fall. The disease is confined to an area on the west side of the river at the foot-hills, a tract of country five by thirty miles, during the season when the snow is

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melting. He believes this water running down the mountain sides carries the infectious matter. Fifty per cent. of all deaths in this locality are due to this disease.

Dr. Grigg—Had thought until to-night it was Cerebro-Spinal Meningitis, but now believes it to be Typhus. Thinks Typhus infects soldiers in camp not by contagion, but by being exposed to similar causes.

Dr. Chambliss asked about the urine.

Dr. Longeway replied that as far as reported results were negative.

Dr. McCrimmon said that in Butte two years ago there were 200 cases of Cerebro-Spinal Meningitis following whooping cough.

Dr. Owings— Has seen some cases which he believes was this disease. He was in the army of the Potomac in '62 and '63, and saw many cases of Typhus. Eruption was a fine, pale pink, very distinct, round, definite. Deaths, 35 to 37 per cent of cases. It spread until the troops were removed. There was no doubt but it was contagious.

Dr. McCullough in closing said he was not sure if the juandice color was from hematin or bile pigment. Quinine was of no benefit in this case.

The Banquet in Evening.

The program of the Medical Association of Montana calls for a banquet at the close of each of its annual sessions and the Anaconda Medical who were visiting the city. The menu served by Manager Marshall of the Association was prepared to do the right thing by its fellow physicians Montana satisfied the inner man to a nicety, while Dr. J. M. Sligh of Anaconda as toastmaster of the evening had arranged a line of discourses ample to entertain the most exacting.

Dr. Sligh, in calling the assembly together, stated that the occasion was one which demanded that all work should be laid aside. He added: "We are expected to devote our thoughts and our actions to a real good old time to-night and thoroughly enjoy the opportunity here presented." Dr. Sligh introduced as the first to respond to a toast, "Pioneer Medical Practice in Montana," Dr. Steele, of Helena. Dr. Steele told of the early days of the state and of the earnest efforts of the physicians to care for the patients of that day. The speaker was in excellent humor, and touched on the funny life of the early day practitioner. With as much zeal, however, he contrasted the physicians and the workers in the science of medicine to the soldiers of war who do their duty for the sake of their country and humanity. The effort of Dr. Steele was received with earnest applause from the physicians.

Dr. Murray was called on to respond to the toast of "The Medical Association in Montana," Dr. Murray said that he was more than pleased to see so much interest taken in the annual meeting of the association, and he thought that shortly the association would be able to demand and receive the recognition at the hands of the legislative bodies of the state to which it is entitled. The ex-president of the association told of the work being carried on by the associations and what a benefit it is not only to practitioners, but to laymen as well.

Dr. Sligh introduced J. H. Durston, editor of the Standard, who responded to a toast on the relation of the press to the medical profession. "Report me and my cause aright," quotation from Hamlet was the sentiment which this toast carried. Mr. Durston used the sentiment as the text for off-hand talk descriptive of the relations sustained

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toward each other by the physicians and the editors.

Judge Napton responded to a toast, "Legal Medicine," in a very apt way. The judge related some interesting experiences between the legal and medical profession and made a dcided impression when he declared that he would be glad to see the day when the doctors would talk English instead of Latin just as the lawyers had been forced to do in the later years.

President Scallon of the Anaconda company responded to the toast, "The Use of Copper in Medicine." Mr. Scallon said that he had seen it stated that copper in metallic state has no relation to medicine, and since the company with which he is associated is engaged in the handling of the copper in that state he found himself at a disadvantage. He paid a pleasant compliment to the medical profession and to the Montana association, and in a brief talk paid a tribute to the profession's high rank.

C. K. Cole, of Helena, responded to "Modern Medicine," and in an interesting discourse told of the methods used and employed by the physician of to-day as compared with the times gone by. He thought the physician of 100 years ago would be more than amazed to look into the operating room of the modern-day hospital.

Dr. I. D. Freund of Butte responded to the toast, "Gynecology," and Dr. G. T. McCullough of Missoula handled the subject "The Women." Both toasts were received with marked attention by the members and brought forth continued applause for the masterly manner in which the speakers occupied their time. Dr. Donald Campbell was given the toast "Any Old Thing." He proved himself more than equal to the occasion. Dr. Campbell enlivened the members and brought forth an abundance of amusement and merriment.

A number of impromptu speeches were made following the regular program.

Program of the Hot Lake Meeting Eastern Oregon District Medical Association, Wednesday, July 16, 1902.

Morning Session—10 A. M.

Dr. C. J. Smith, Pendleton, Oregon, will read a paper on "Medicine as a Career; Commercialism, Professionalism."

Discussion—Dr. J. A. Best, Weston, Oregon, and Dr. E. E. Ferguson, The Dalles, Oregon.

10:45 A. M.

Dr. L. T. Brock, of Sumpter, Oregon, will read a paper on "The Undeveloped Uterus in the Adult."

Discussion—Dr. A. K. Higgs, of Heppner, Oregon, and Dr. N. Molitor, of La Grande, Oregon.

11:30 A. M.

Dr. W. T. Phy, of Baker City, Oregon, will read a paper on "Infected Wounds."

Discussion—Dr. M. K. Hall, La Grande, Oregon, and Dr. M. M. Dittebrandt, Milton, Oregon.

Afternoon Session—1:30 to 2:30 P. M.

Business session of the society.

2:30 P. M.

Dr. J. F. Dixon, of Portland, Oregon, will read a paper on "Adenoids in Ear Disease."

Discussion—Dr. C. M. Pierce, of Sumpter, Oregon, and Dr. G. W. Tape, of Hot Lake, Oregon.

3:15 P. M.

Dr. L. P. McCalla, of Boise, Idaho, will read a paper on "The Prognosis of Ascending Gonorrhoea in Women."

Discussion—Dr. W. L. Parker, of Baker City, Oregon, and Dr. Francis, of Haines, Oregon.

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4:00 P. M.

Dr. Henry Waldo Coe, of Portland, Oregon, will read a paper on "General Paresis."

Discussion—Dr. W. G. Cole, of Pendleton, Oregon, and Dr. W. O. Spencer, of Huntington, Oregon.

4:45 P. M.

Dr. A. Blitz, of Boise, Idaho, will read a paper on "Apparent Affection of the Larchymal Appendages a result merely of Reflex Nasal Irritation."

Discussion—Dr. W. H. Ewin, of Union, Oregon, and Dr. A. M. Anderson, of Sumpter, Oregon.

Adjournment.

BOOK REVIEW

Atlas and Epitome of Operative Surgery.

Atlas and Epitome of Operative Surgery, by Dr. Otto Zuckerkandl., privatdocent in the University of Vienna. From the second revised and enlarged German edition. Edited with additions, by J. Chalmers, DaCosta, M. D., Professor of the Principles of Surgery and of Clinical Surgery, Jefferson College, Philadelphia, etc. Second edition thoroughly revised and greatly enlarged. With 40 colored plates, 278 text illustrations, and 410 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.50 net.

This excellent work, one of Saunders' well known Medical Hand Atlases, needs no further recommendation to English-speaking readers than its author's name—Dr. Zuckerkandl. The rules and methods of surgical procedure are stated with the clearness that springs from definite knowledge and the emphasis born of conviction. The operations of modern surgery are described lucidly and tersely, making the book a worthy guide alike to the student and the practicing surgeon. The verbal descriptions are most accurately reinforced and illuminated by a large number of colored lithographic plates and text cuts.

In this new edition the work has been brought precisely down to date. The revision has not been casual, but thorough and exhaustive, the entire text having been subjected to a careful scrutiny, and many improvements and additions made. A number of chapters have been practically rewritten, and of the newer operations, all those of special value have been described. The number of illustrations has also been materially increased. Sixteen valuable lithographic plates in colors and sixty-one text figures have been added, thus greatly enhancing the value of the work. There is no doubt that the volume in its new edition will still maintain its leading position as a substitute for clinical instruction.

International Clinics.

A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, AM., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M.

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D., Philadelphia; James J. Walsh, M. D., New York; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Lepsic, Vienna. J. B. Lippincott, Philadelphia and London. Cloth $2.00. Volume 1, 12 series, 84 illustrations, 3 colored plates.

The present volume like its predecessors is full of living matter. This feature, which has been so characteristic of International Clinics, is really the foundation of its usefulness. The medical profession should remember once for all that its articles are not reprints or extracts from various medical journals, but all are prepared especially for its use. International Clinics presents to its readers, without exception, the advanced work in whatever field is chosen, whether of medicine, surgery, therapeutics or any other branch.

Over one hundred pages of this volume are devoted to a review of the progress of medicine during the year 1901. It is one of the most interesting and scientific articles that have appeared on this most interesting of subjects. There is no one but feels himself more in touch with the spirit of progress around him, by studying well written articles of this nature. The illustrations of the present volume surpass any of like nature that we have seen. Personally we feel that this volume is worth almost the price of the entire series.

Practical Medicine Series.

The Practical Medicine Series of Year Books comprising ten volumes on the year's progress in medicine and surgery, issued monthly under the general editorial charge of Gustavus P. Head, M. D., professor of Laryngology and Rhinology, Chicago Post Graduate Medical School. Vol. 5 Gynecology, edited by Emilius C. Dudley, A. M., M. D., professor of Gynecology, Northwest University Medical School, with the collaboration of William Healy, A. B., M. D., March, 1902. Price of this volume, $1.25. The Year Book Publishers, 40 Dearborn St., Chicago, Ill.

This little volume, which is one of a series of ten, gives in a concise and compact manner a summary of the noteworthy advances that have been made in gynecology during the past year. It includes a consideration of the application of scientific gynecology to sociologic problems; the differentiation of pelvic infections with reference to etiology, symptomatology, diagnosis, prognosis and treatment; the critical study of statistics as they relate to infections, neoplasms and displacements; and a careful balancing of the relative indications for gynecologic operations. It is valuable both to the general practitioner and specialist, and with the other books of like nature on different subjects forms a most valuable collection for the busy physician.

The Neuroses of the Genito-Urinary System in the male with Sterility and Impotence, by Dr. R. Ultzmann, Professor of Genito-Urinary diseases in the University of Vienna, second edition, revised with notes and a supplementary article on Nervous Impotence, by the translator, Grander W. Allen, M. D., surgeon in the Genito-Urinary department of the Boston dispensary, 1902. F. A. Davis Company, publishers, Philadelphia, Pa.

There are so many diverse forms of neuroses which either are due to or associated with diseases of the Genito Urinary tract that a knowledge of their symptoms, diagnosis and treat-

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ment are of great value to everyone in the practice of medicine or surgery. Dr. Ultzmann has treated the subject very fully and a careful perusal of the contents of his little work leads us to heartily endorse it in its entirety.

Administration of Medicine Per Os.

Medicines may be given by the mouth in the form of a capsule, powder, cachet or liquid. When capsules are given the amount of the combined ingredients should be observed so that the capsule will not be too large for the patient to swallow. If such be the case, the druggist may be instructed to make up double the number of capsules and direct the patient to take two at each dose. Capsules can be prescribed for certain patients who object to the taste of medicine, especially when it is given in sufficiently small doses. Creosote may be taken in capsules rather than an unpalatable mixture. There are, however, instances where capsules have traversed the entire gastro-intestinal tract undissolved; under such circumstances a powder or liquid may be prescribed.

Powders are preferable to capsules when large doses are to be given and when the preparation is palatable. Sulphonal serves as an illustration, since it is given in too large doses for a capsule and acts more promptly when dissolved in hot water. There are certain drugs which should never be prescribed in powder form, because of their tendency to deliquescence. Salol and sodium salicylate belong to this class. Some combinations in the form of a powder, liquefy, as is demonstrated by combining chloral and camphor.

The liquid preparations can be prescribed suitably in the majority of cases if the practitioner observes care in selecting a proper vehicle. As previously mentioned, medicines which tend to irritate the stomach should, if possible, be taken immediately after eating, and well diluted in water. Arsenic when given in the form of Fowler's solution to children afflicted with chorea, should always be well diluted. The nurse should be instructed to put the required number of drops in at least half a glass or a glass of water, and if the child cannot drink it all at one time, set the glass aside for a few minutes and then let him drink the remaining portion. In this way the stomach can be made to tolerate much larger doses than when given in too concentrated form. Iodids should likewise be well diluted before being introduced into the stomach if large doses are in the end desired.

In acute cases where changes in the condition f the patient may quickly arise, small amounts should be prescribed at a time; if capsules are given the physician should not write as a rule, for more than fifteen, or two ounces if liquids, unless more than one teaspoonful is given at a dose. The patients feel that they are being imposed upon when they are required to purchase new medicine if one or two ounces of the previous prescription remain unused. On the other hand, in chronic cases, it is preferable to prescribe much larger quantities at a time.

In administering certain medicines by the mouth it should be remembered that the mucous membranes of the stomach and intestine may not be in condition to carry on proper absorption. Literature records several cases where some opiate preparation has been introduced into the stomach to relieve severe localized pain or headache, and resulted in acute opium poisoning; that was not because the dose was too large but the gastro-intestinal tract was not in condition to absorb the first dose given, consequently by this delayed action, several

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doses were taken up at the same time with fatal result.

A word must also be said as to caution in precribing for pregnant women. There are some drugs which produce untoward results upon a pregnant uterus by exciting abnormal contractions, and perhaps causing abortion. Ergot and quinin are especially included in this class; they act upon the unstriped muscle of that organ and set up a tendency to the expulsion of its contents.

There is danger in placing in a patient's hands a prescription for certain drugs, such as morphin, cocain, chloral, etc. If the physician find it necessary to prescribe these drugs to susceptible individuals he should not in some way to indicate to the druggist that they should not be refilled without his knowledge and consent. Otherwise he has not done his duty toward that patient. Another point is that such patients are prone to talk to their neighbors and advise them to try their medicines for relieving symptoms apparently similar to their own, while in fact the cause may be far different. A writer states one such instance where a female patient was given pills of hydrargyri protoiodidum to cure a headache of specific origin; the results were so miraculous and satisfactory that in a short time several of her lady friends were taking the same little yellow pills upon her recommendation. This bears out the old rule that what is food for one may be poison for another.—Jour. Amer. Med. Asso.

Summer Diarrhoea.

W. H. Robey, Journal of Medicine and Science, says that the treatment is obviously: (a) To cleanse the bowel of the bacteria and their toxic products. (b) To give the remaining bacteria as unfavorable conditions as possible for further production. (c) To soothe the irritated intestine where the continuance of the condition makes this necessary. (d) To support the patient against constitutional symptoms, as fever, nervous irritability, etc., as in other acute diseases of childhood. (e) To guard against infection of others by isolation where possible, and by carefully washing the hands after handling the stools, in order not to affect other food and common household articles. Naturally, the small intestine must be cleansed by a purge, and for this purpose calomel 1 grain was given in 1-10 grain doses at half hour intervals. It has been asked why castor oil was not given, since it has such soothing properties. In treating infantile diarrhoea, especially in dispensary practice, one must try to accomplish as much as possible at the first visit for obvious reasons. The gastro-intestinal tract of the infant being in an irritable state, the oil is more apt to be vomited; whereas, I have never known this result with calomel; in fact, it will always allay vomiting should that dangerous symptom be present. Furthermore, castor oil is such a common household remedy that it may have been tried already, while calomel in divided doses keeps the mother busy and aids her patience in carrying out the second important step in the treatment: starvation.—Med. Rec.

Fatty Heart.

℞ Sodii arsenatis, gr. 1-64.
Potass. iod., gr. ¾.
Pulv. nucis vom., gr. ⅛.
Pulv. rhei, gr. ¾.
Ext. dulcamarae, gr. 1½.

M. Ft. pil. No. 1. Sig. To be taken daily.—Robin, Med. Rec.

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PERSONALS

Dr. C. M. Keene has located in Medford, Ore.

Dr. Newell, of Idaho City, Idaho, has gone East.

Dr. D. Wiley, of Tillamook, was in Portland recently.

Dr. Steele, of Dixie, Wash., has located in Waitsburg.

Dr. James Gray, of Helena, Mont., has gone to Chicago.

Dr. Wheeler, of Sumpter, has returned from Chicago.

Dr. Heliker, of Tacoma, has located in North Yakima, Wash.

Dr. C. W. Faull, of Baker City, was in Boise, Idaho, recently.

Dr. Baker, of North Yakima, has located in Everett, Wash.

Dr. K. V. Foster, of Victoria, B. C., has located in Cranbrook.

Dr. R. R. Butler, of Minneapolis, has located in Ritzville, Wash.

Dr. Marsden, of Canyon City, Ore., was a recent Portland visitor.

Dr. E. Mingus, of Marshfield, Ore., is visiting friends in Ashland.

Dr. A. H. Brown, of Waitsburg, has located in Long Creek, Ore.

Dr. F. L. Albritton, of Salt Lake, has located in Kalispell, Mont.

Dr. J. D. McLean, of Medical Lake, has removed to Spokane, Wash.

Dr. C. A. Bales, of Cathlamet, was a recent visitor in Astoria, Ore.

Dr. W. McKechnie, of Nanaimo, B. C., has located in Portland, Ore.

Dr. H. Yandell, formerly of Seattle, has moved to Oak Harbor, Wash.

Dr. Hudson, recently of Condon, Ore., has moved to Antelope, Ore.

Dr. Binning, of Miles City, was a recent visitor in Great Falls, Mont.

Dr. H. M. Shaw, recently of Fossil, Ore., has gone to Berwick, Canada.

Dr. R. B. Aylesworth, of Toronto, Canada, has located in Butte, Mont.

Dr. J. M. Woodburn, of Rexburg, was a recent visitor in Boise, Idaho.

Dr. A. M. Sutton, of Nicola Lake, B. C., has located in San Jose, California.

Dr. C. S. Seamann has returned from California to his home in Oregon City.

Dr. J. Newcomb, formerly of Sprague, Wash., has removed to Everett.

Dr. F. D. Merritt, formerly of Lame Deer, has located temporarily at Neah Bay, Wash.

Dr. Swallow, formerly of Valley Falls, Kansas, has located in Fromberg, Mont.

Dr. S. A. Owens has located in Seattle, Wash. He was formerly at Walla Walla.

Dr. C. E. Worthington, of Silver City, Idaho, spent some time in Portland recently.

Dr. E. Martin Adams, of Portland, was a recent visitor in Florence, Ore., looking up a location.

Dr. B. Daly, of Lakeview, Ore., was elected county judge of Lake county at the recent election.

Dr. Brock has returned to Sumpter, Ore., after spending a short time with his family in Salt Lake.

Dr. Lamberson, of Lebanon, Ore., is so far recovered as to be able to be out in a wheel chair.

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Dr. J. N. Lewis, of Nez Perce, has recently been spending a short vacation in Lewiston, Idaho.

Dr. H. W. Cox, formerly of Neah Bay, Wash., has for some time been located at Granville, Wash.

Dr. W. Riley, of Olympia, Wash., is at the hospital suffering from a very stubborn attack of erysipelas.

Dr. A. D. McDonald, of Kalispell, Mont., was attending a case of smallpox at Dayton Creek recently.

Dr. George B. Owen, of Anaconda, Mont., was married May 24th to Miss Kate McCarthy, of Butte, Mont.

Dr. Clara M. Davidson, of Newburg, Ore., has completed and is now occupying her new residence in that town.

Dr. F. L. Hinkly, of Lewiston, Ida., attended the Inland Empire Medical Society, which met recently in Spokane.

Dr. John D. McGregor and **Miss Laura M. Berger**, both of Butte, Mont., were married June 17 at the home of the bride.

Dr. Payzane, who has been spending the last year and a half in Wallace, Idaho, has returned to British Columbia.

Dr. E. M. Anderson, of Sumpter, Ore., and Miss Sue Mead, of Spokane, Wash., were recently married at the home of the bride.

Dr. J. M. Ketchen, of Stayton, Ore., attended the meeting of the Grand Chapter of the Eastern Star, which met in Portland recently.

Dr. E. H. Parker has taken the offices formerly occupied by Dr. Harry McKay, on the seventh floor of the Marquam building.

Dr. J. D. McLean, who was formerly superintendent of the Eastern Oregon insane asylum, is again in active practice in Spokane.

Dr. Stephen A. Young, of McMinnville, a pioneer of 1852, died at his home there June 2d, of paralysis, after an illness of four years duration.

Dr. Anthony, of Stockett, Mont., has gone to Eastern Canada for a vacation. During his absence Dr. Paterson, of Belt, will care for his patients.

Dr. S. J. Murray, of Butte, Mont., has returned from the East. He was present at the annual meeting of the American Medical Association at Saratoga.

Dr. X. L. Anthony, of Stockett, has gone to Nova Scotia for a few weeks. During his absence Dr. **Slack**, of Great Falls, Mont., will look after his practice.

Dr. A. M. Robertson, of Vancouver, has returned from Australia on the ship Aorangi, on which vessel he acted as surgeon throughout the round trip.

Dr. Pierce, of Salem, met with an accident June 1, which resulted in fracture of the scopula and internal injuries, the gravity of which time only will reveal.

Dr. Maria M. Dean, chairman of the City Board of Education of Helena, Mont., has resigned, as her professional duties left too little time to devote to the work.

Dr. O. C. Hollister, of Portland, is now in Chicago on a four weeks' visit and professional work. Dr. Hollister has been in practice in Oregon for the past eighteen years.

Dr. J. D. MacLean, who has retired from the position of superintendent of the asylum at Medical Lake, which position he held for five years, has opened an office in Spokane.

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Dr. T. West, who for the past few months has been associated with Dr. Geisendorffer, of The Dalles, has gone to Portland. Dr. Klebs, of La Grande, will fill the position vacated by Dr. West.

Dr. H. J. Birney, of Whatcom, Wash., has gone abroad, where he expects to spend some time in post-graduate work in London, Berlin and Vienna. Dr. Goodheart will have charge of his patients during his absence.

Dr. Wm. L. Wood has again joined his medical confreres in Portland and taken up his work. He looks like an Arizona cowboy, sun burnt and rugged as he is from exposure to the exhilarating air and the winds of the southwest.

Dr. G. F. German, of Ellensburg, Wash., died on May 23d, at the advanced age of 83. He had been a devoted Christian for the past five years of his life, and his only regret was that he had not given all his long life to the service of God.

Sterilizing Apparatus.—Dr. E. H. Thornton, of Portland, has a sterilizing apparatus which is described in the Medical Exchange Bureau which, if any of our readers desire such an apparatus, we would ask them to carefully read and then write the doctor.

Dr. William J. McDaniel, of Multnomah, was instantly killed by a City & Suburban electric car on Williams avenue, June 13th, while trying to cross the car track. Dr. McDaniel has practiced medicine in Portland for fourteen years. He leaves a wife and son to mourn his sudden death.

Hemorrhagic Diathesis.

In presenting a child of a "hemophiliac" family, who had bled for five days from a wound of the mouth, and whose bleeding was checked by the actual cautery after stypticin, used locally and hypodermically, had failed, A. Caille (Pediatrics), calls attention to the successful use of alum solution, 10 per cent. antipyrin, or adrenal solution. Some surgeons give gr. v-x of chloride of calcium internally three times a day before operating on one with hemorrhagic tendencies; for instance, in gall stones with cholemia. In the newborn, persistent hemorrhage from navel, stomach or intestine is met with. The navel can sometimes be effectively transfixed. The author has no knowledge of recoveries of newborn children after they have lost a pint of blood.—Med. News.

Epilepsy.

Collins, in the "System of Prac. Ther.," states that in some cases of epilepsy the bromids, if given in combination with an acid, are not so apt to derange digestion. He recommends the following combination:

℞ Acidi hydrobrom. dil., m x.
Ferri bromidi, gr. j.
Potassii bromidi, gr. x.
Sodii salicylatis, gr. ij.
Spir. rectificat
Glcerol pepsini, aa m x.
Ol. gaultheriae, m ss.
Liq. ammon. cit. (B. P.) 3 ss.

M. Sig. At one dose. This may be doubled or tripled.—Jour. Amer. Med. Asso.

Flatulent Dyspepsia.

℞ Aloini, gr. j.
Res. podophyllii, gr. iss.
Ext. nucis vom., gr. iij.
Ext. belladonnae, gr. j.

M. Ft. pil. No. xij. Sig. One pill after meals.—Parvin, Ex.

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MEDICAL SENTINEL

Volume X *Number 8*

AUGUST
1902

By...
Henry Waldo Coe, M.D.

Notes

Washington Society Special Number.

Tacoma showed what it can do when the doctors try.

Washington always does well. Each time better than the last time.

Oregon Next.—The Oregon State Medical Society comes next on the list, September, 1902, at Portland.

Dr. Harry Lane made a good president for the Portland Medical Society, as he also did of the State Society.

Looked Natural.—It looked natural at Tacoma to see Armstrong again in a secretary's chair, even if only temporarily.

County and City Physicians, Portland.—Dr. E. P. Geary has been appointed to the county office and Dr. James C. Zan reappointed to the city position.

Seattle Society.—The officers of the King County Medical Society are Dr. D. A. Mitchell, president; Dr. G. H. Randall, vice-president, and Dr. G. S. Peterkin, secretary.

Health Commissioner, Portland.—The City Council has recently added another doctor to the Board of Health in the appointment of Dr. H. R. Biersdorf as Health Officer.

Portland Officials Go Abroad.—Dr. Harry McKay, who has just closed a four years' term as County Physician, and Dr. David H. Rand, whose second term as Coroner has just come to a close, are bidding their friends good-bye for a medical trip abroad, leaving Portland about the same time. They each rendered splendid service to Multnomah county.

The Washington Meeting was but the thirteenth annual session of the State Society. What will the 26th be? Thirteen is evidently not an unsuccessful number north of the Columbia. Webster told us that the session compared with the Illinois State meetings, makes the latter "look like a farce." We don't propose to believe that this was altogether "guff."

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Portland, Me., Medical Societies.—We note that in Portland, Me., a city of half the size of Portland, Or., they have the Academy of Medicine, organized in 1874; the Portland Medical Club, organized in 1876; the Clinical Club, organized in 1878; the Lister Club, organized in 1892, and the Pathological Club, all given by the local medical journal as being in active and successful operation.

Eastern Oregon District Medical Society.—In our next issue we shall publish a report of this splendid medical gathering, and shall publish as well, some of the papers. Suffice it to say that everything went just as we would expect from the kind of men who make up this, the largest local medical society on this North Pacific coast, and Dr. George Tape, of Hot Lake, deserves the highest praise for his generous part in the session.

Dr. George M. Horton, of Seattle, was among the members present at the Tacoma meeting who did not remain to enjoy the whole session, being urgently called home. Horton has one of the two largest surgical practices in the state of Washington. The Sentinel says "two," so that any other doctor in the state who thinks he does as much work as Horton does can feel that "he's the other." Horton works too hard, though, and he ought to begin to take things easier. We are all growing old, although Horton does not show it.

Seattle Doctors at Tacoma.—The following physicians from Seattle were at the Tacoma meeting. It is a roll of honor. If we have missed any we shall be glad to add the names in our next issue: Drs. S. Owens, L. C. Neville, F. H. Coe, D. J. Holmes, E. E. Hegg, C. A. Smith, G. H. Randall, G. Falk, A. B. Kibbe, D. DeBeck, J. B. Eagleson, H. Stillson, G. S. Peterkin, C. W. Sharples, P. W. Willis, D. A. Mitchell, M. Marsh, W. C. Heussy, H. M. Read, J. M. Horton, Carl Hoffman, J. M. Harrison, J. W. Shannon, G. P. McCollough, I. A. Parrry, Bickford, C. B. Ford, J. E. Harris, E. A. Irwin, F. W. Gardner, L. W. Clark, J. Wetherspoon, P. B. Miller and R. Ray.

The Southern California Practitioner, Dr. Walter Lindley, and Tuberculosis.—Dr. Walter Lindley, the editor of the Southern California Practitioner, and his associates, deserve praise for their special June, 1902, issue, which succeeds in doing three things. First, in demonstrating the character of the Practitioner as a gatherer of medical news and its ability to get out a splendid magazine. Second, the fact that California has a wonderful climate for those suffering from lung troubles, and especially that portion of the territory known as Strawberry Valley, in Riverside County, which has an altitude of over 5,000 feet. Thirdly, and incidentally, the remarkable success which has attended the Idyllwild Sanitarium of which Dr. Lindley is manager.

The June issue of the Practitioner is really a report of the Southern California Medical Society, which occurred on the 22d and 23d of May, and the work of which was taken up largely by an exhaustive symposium upon tuberculosis. Any of our readers who have at this time a pulmonary tuberculosis case on hand should write Dr. Lindley at Los Angeles for a copy of his June number, which is full of good things, not only relative to California as a health restorer, but as to many other lines, including treatment of the great white plague.

The array of papers from the East—and it made the gentleman from Philadelphia smile to hear doctors speak of papers from Chicago as having come from the East—were of a very high order. Our old friend Bevan was not there, but he sent Dr. Dodson, a polished representative of Rush Medical College.

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Editorial Notes

Nurses Graduate at Good Samaritan Hospital.

Mrs. E. J. Wakeman, superintendent of Good Samaritan Hospital, Portland, and Miss Loveridge, superintendent of the training school, had reason to feel very happy at the recent annual commencement exercises of the nurses training department of the Good Samaritan Hospital, which was held in the lecture rooms on the evening of July 1st, at which the following nurses received their diplomas as graduates of that very excellent school:

Miss Maud Fletcher Hammond, Tacoma, Wash.
Miss Ivah M. Callender, Athena, Or.
Mrs. Katherine Edris, Portland, Or.
Miss Eugenia Ayerst, Seattle, Wash.
Miss Caroline R. Montague, Portland, Or.
Miss Margaret Scott, Portland, Or.
Miss Helen M. Rich, Toledo, Or.
Miss Ada P. Thomas, Turner, Or.
Miss Arietta Miles, Seattle, Wash.
Miss Mary Boyd, Seattle, Wash.
Miss Kathleen Ward, Portland, Or.
Miss Laura L. Shaw, Salem, Or.

The room was decorated with ferns and flowers, and the nurses' colors were prominent on every side, the figures 1902 being beautifully formed in ferns over the altar. Flowers were very much in evidence all through the exercises, and the crescent formed by these young ladies in their tasty uniforms and bright caps, as they were standing to receive their diplomas, while holding in their arms as large an aggregation of flowers as they were able to carry, was a beautiful sight, not soon to be forgotten.

The occasion was made memorable by the presence of two bishops, the Right Rev. B. Wistar Morris, Bishop of Oregon, and the Right Rev. F. W. Keator, of the diocese of Washington. Bishop Keator gave an address full of splendid advice, in which he pointed out that the service of man is the greatest service which a human being can be enlisted, and that in no line was this more pointedly illustrated than in that of the nurse.

Bishop Morris, in awarding the diplomas, discussed the topic of patience in his usual happy manner, and one would scarcely believe, to hear him speak, that this aged prelate is now in his 84th year.

Following the graduating exercises, the class and their friends and the medical society, adjourned to the new nurse's home, where a collation was spread for those who were present, and where several hundred people congratulated the new nurses and admired their beautiful home. This nurses' home has been erected at a cost of $20,000, and there are no debts against the institution.

Washington State Society Papers.

We have published herewith all the Washington State Society papers which we had received up to press day, which gives this number of The Medical Sentinel proportions somewhat above its average. Other papers have been promised us, which our readers will have the pleasure of reading later. The Medical Sentinel feels it an honor to be able to represent the Washington State Medical Society, as well as it does by the present number.

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D. C. Russell, Spokane, Pres.	SPOKANE SOCIETY
D. L. Smith, Spokane, Secy.	

C. K. Cole, Helena Pres.	HELENA SOCIETY
C. B. Brooke, Helena, Secy.	

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J. W. Bean	Judiciary Com.	

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A. D. Mackenzie, Portland, Secy	

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P. B. Swearingen, Tacoma, Secy	

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Doctors as Money Makers

The ordinary doctor as a financial institution should be no better and no worse than the ordinary person in other walks of life.

It is said that out of every twenty persons who engage in business, continuing therein up to twenty years, if bad luck does not earlier come, nineteen fail altogether.

The ordinary doctor makes a comfortable livelihood, lives well, clothes himself and his wife and children respectably, enjoys the things of life about him, educates his children liberally, and if only reasonably sober and frugal, if he precedes them across the river Styx, leaves a comfortable home and a snug sum of life insurance for his relicts.

In other walks of life, who does better? Unless alcohol, morphine or other drugs be at the bottom of the trouble, rarely do we see one who has been a physician among the "submerged," down in the depths of squalor and want, as we do those of every other line of life. When does one become an inmate of an almshouse? There is a large proportion of the profession which, as in other lines of life, is above the average, and these are able to do even better than is the average doctor. Once in a while a man in medicine will have real business traits and acquire quite a fortune. But we are now discussing the ordinary doctor, from the poorest upward.

As The Medical Sentinel said in a recent issue, the practice of medicine is not a wealth-producing vocation. The purely business

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man can do much better elsewhere, and he is sacrificing his business side when he remains in a profession where wealth is denied to practically all its members. There is, however, something higher than wealth, the sense of work well done, a life saved, health restored, a home made happy, numerous grateful patrons. The doctor has these. Wealth will not buy them even for the wealth-producer of other lines.

While a fortune cannot be made, yet a comfortable competence may be maintained, and therefore we ordinary doctors, even in this particular, are far above the ordinary man in any other walk of life. We are doing good in the world, and really being better paid than our neighbor. We usually are "a hundred dollars behind" of course, but what of that? The richest man in our town, if we knew his circumstances, we might see needs many thousands to settle up his own pressing affairs. The trouble is that we are all more or less envious, and can scarcely help putting on green glasses when we look at the apparent or real financial success of those outside of the profession. We forget the vast army all about us of those who daily fail. Some of us are not any too well equipped. Really, are not most of us ordinary doctors doing as well as we deserve to do? Are we not doing a good deal better than we could have done in some other walk of life?

Business Education Defective for Doctors

The fact that any one in medicine has been able to acquire a little property is sometimes given as sufficient evidence that the possessor is not a real physician; that something must be wrong with him, for is not, say these boasters, poverty a necessary qualification of the Simon-pure doctor?

Why do some doctors seem to glory in their lack of business ability? The answer is obvious. The fault lies with the teachings of the schools.

While the student who is to go into the world to battle with disease is provided with all attainable knowledge of how to care for those about him, he is taught nothing about how to care for himself, his wife and his children.

Where else are the young trained for life's work with no reference to an acquirement of knowledge which shall fit them to gain a fair recompense for their services? Even the clergy quote to us that "the laborer is worthy of his hire." Were it not that medicine requires less business ability than anything else on earth, the majority of us would starve to death. Work is work, wherever you find it. The practice of medicine is the hardest of work. Let none of us be satisfied with a bare livelihood. Let us leave off boasting of our lack of business ability and try to make this life of work put aside something for old age and a rainy day.

Let us not sorrow because we have not done as well as others, nor

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be jealous of the minor successes of our neighbors. That will only make us crabbed and too early aged. Oft-times the same energy consumed in jealous interest in a successful rival, if it had been devoted to our own affairs, would have brought us, instead of tears, a satisfactory degree of prosperity. Let us who are not doing well try to find out what the matter is and then remedy it. The Book tells us that "He who will not provide for his own is worse than an infidel."

Editorial Gossip

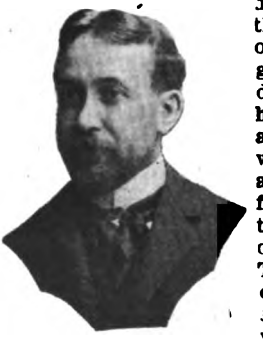
Washington State Medical Society

Tacoma is ahead sure enough. The meeting of the State Society at Washington, held there June 24th, 25th and 26th, was the greatest medical society session which has ever been held on this North Pacific Coast, or probably anywhere on the coast. Dr. Webster, of Chicago, in complimenting the meeting, said that on comparing this session with the ordinary session of the Illinois State Medical Society, the meeting of the latter organization becomes a farce.

The program was long, perhaps too long, and as a result some of the most valuable papers were not read on account of the lack of time. The Washington brethren courteously gave way to the readers of papers from without the state, and in one or two instances better papers were side-tracked, that courtesy might have the right of way. Not only was the program long, but the general selection of topics covered almost the whole field of medicine. I felt like commending the executive committee for getting so many medical papers upon their program. While surgery affords us the pyrotecnics which doubtless attracts the crowd, good medical papers, to the general practitioner, are oft times of more service than some of the surgical selections which are presented.

Some one made the remark that there were few people in mid-day on the streets in Tacoma, and the reply was made that the people are all at work. Tacoma does not have the strangers and travelers which either Portland or Seattle have, but I talked to a number of business men, and a good many doctors about the situation there, and they all agreed that business and professional life is active and flourishing. I can remember a time when I was in Tacoma when no one made any such statements. The shock which Tacoma had has made it conservative, and the statement that a traveling man made to me recently is doubtless true, that while the trade of Tacoma is not as large as some of the other cities it is in the most satisfactory condition of any of the cities of the coast. Many new buildings are going up in every direction, and I am glad to see that the doctors of Tacoma are having their share of its prosperity.

Dr. Grant S. Hicks, the Chairman of the Committee on Arrangements, who largely had charge of the social side of the program, again demonstrated his fitness for a position in which comfort and happiness for others are to be the chief constituents. The special courtesies shown to the visiting physicians, in many ways, by the doctor, will not soon be forgotten—the dinners, the club smoker, and the large



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company, something like sixty physicians, who at the close of the three days' session of hard work was provided with transportation, accommodations and entertainment at Kloeber Hot Springs, demonstrated Dr. Hicks' physical strength, his drawing qualities and also his good judgment in arranging for the visitors.

Dr. Hicks can be sarcastic at times if he wishes to, although this feature is not a characteristic of his generally very affable disposition. A lady from Seattle, who recently arrived in that city, was present at some of the sessions and functions of the society. She was not a physician, but had considerable advice to give Dr. Hicks upon how medical meetings should be managed and entertainment extended to visitors. In the course of her remarks she said that Tacoma seemed to be a very dead town. "Yes," said Dr. Hicks, smiling and bowing in his most affable manner, "Tacoma is very quiet and very dead, and it is just exactly as we wish to have it. Tacoma quite suits its people, and its people are quite adapted to Tacoma, and that is a very pleasant thing. If one wishes life and activity, go to Seattle, for Seattle is a live town. Portland sleeps, which suits some, who urge 'sleepy Oregon' as a health resort; but Tacoma is dead, quite dead. It is such a splendid thing that people can be satisfied in their own city, no matter what the local condition may be, and that people can, by looking around awhile, find a city quite to their individual tastes."

The University of Pennsylvania is the oldest medical school in America, and Dr. Flexner, at the dinner to the visiting members, upon the side trip to Seattle, spoke of the great financial stress which is being put upon the schools to provide for the carrying out of modern investigations along bacteriological lines. This old school is well supplied with bacteriological accessaries, and I feel that as Americans we need not be ashamed to compare this scientific man and his work with those of any of the pathological institutions abroad. I regret that the doctor did not, in his public address at the "Lyceum," more fully discuss disinfection to this public audience, seconding the efforts of the local board in Tacoma in its good work.

Dr. P. B. Swearingen was Chairman of the Executive Committee, which made up and was responsible for the many good things on the scientific program of the session. Dr. Swearingen is one of those men who manage some way or other to get along peaceably with everybody, and at the same time to have a large practice. Almost any man is a good fellow in his own town who does no work, but if fortune afterwards crowns his efforts, a good many people at once find out that they have been mistaken in the quality of the fire of the doctor, because, forsooth, if he had been right he certainly could not have gotten into the practice which he has.

Dr. P. B. Swearingen, at the meeting of the State Board of Medical Examiners, recently held in Spokane, was elected secretary of the Board.

Dr. Simon Flexner, of Philadelphia, presented three papers, which, as scholastic and scientific products were of such a quality as to make the meeting one of great value, even should there have been no other papers presented. The paper on "Bubonic Plague," consuming something like an hour in its reading, was listened to with rapt attention, something which very rarely occurs in papers of such great length. The subject was a pertinent and valuable one, in view of our own position at the door of Asiatic commerce. His paper on the "Pathology of Diphtheria," presented in the evening, was illustrated by numerous lantern slides, in which apparently every phase of the subject was entered into in extenso.

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Dr. E. M. Brown, who handled the postprandial convivialities at Hot Springs, and who was also a member of the Executive Committee demonstrated his special fitness for the position. After the regular toasts were rendered at the banquet, as usual, members here and there were called upon to respond, and Brown had a way of getting them on their feet so that the most modest did not go up in the air upon arising, as is generally the case with some who are asked to speak ex tempore. Dr. Brown is an incessant worker, and numbers his hosts of warm friends, not only in the State of Washington, but all over the coast. He has scores in Oregon, of which state, if I am not mistaken, he is a native. Of the doctor's splendid service in the Philippines the Medical Sentinel has previously spoken. Dr. Brown is president of the King County Medical Society, Tacoma's local body.

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Dr. Henry Wells Dewey, the third member of the committee, was an indispensable and an indefatigable worker, and some of the best features on the program were due to his suggestions and painstaking work. Dr. Dewey is, perhaps, the most methodical practitioner in the state of Washington. He is strictly an internal medicine man, and his consultation practice is a valuable and pleasing phase of his professional work. I was told by a fellow practitioner there that Dewey divides with another physician in the state the honor of doing the largest amount of life insurance examination work in Washington, and that the latter line alone brings him in fees enough to afford him a comfortable livelihood. He had the early start in Tacoma in this line many years ago, and his painstaking care with his work has held it. Although the doctor's practice is large, his methods of living are so methodical that he looks a younger man today than he did ten years ago. He is a man who controls his patients rather than permitting them to control him. He does not miss a meal on time once a week, and takes a full hour or two for luncheon, while most of us are hurrying out to the nearest counter and bolting down a piece of pie and a glass of milk, to return the quicker to our grind. Night calls he has a way of largely caring for by telephone. Would that more of the physicians would "do as Dewey does." The doctor is a nephew of the brave old admiral of the same name.

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Dr. J. C. Webster, of Chicago, whether discussing medical subjects, playing ping pong or chaffing his traveling companions who took the wrong train and arrived, one of them very late and the other not at all, is all right. There certainly was not a more practical paper presented than his own upon "Puerperal Infection." The doctor's lucid description of the pernicious application of the curette in cases of septic infection, tearing through the zone of leucocytes which are trying to damn off the various pyrogenic micro-organism, was one which will not be forgotten by any one fortunate enough to have heard it. His caricature of the use of douches in a like condition was equally striking.

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I wonder, though, whether one doctor in ten will follow out, whether he has the opportunity or not, Dr Webster's advice to shave the pubes in every case of labor? One doctor who was present related a case where he had carried out this procedure and where he was right soon discharged by the husband, on the ground of the liberties which the doctor had taken

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with his family, stating that his wife was not a Chinese woman. Although Dr. Webster maintained that even under the most adverse circumstances the procedures which he advocated could be largely carried out, there was a feeling, upon the part of many physicians present, that his large charity hospital experience had had more weight upon him in arriving at some of these conclusions than his outdoor work.

Dr. Mae H. Cardwell, of Portland, who as treasurer of the Oregon State Medical Society represented the neighboring state medical body at the meeting, gives elsewhere in this issue a brief abstract of some salient features noted by Dr. Webster.

Dr. A. B. Kibbe, of Seattle, opened the discussion of the two papers of Dr. Flexner in the regular session, and Dr. J. W. Bean, of Ellensburg, presented the time allotted to him to discuss Dr. Webster's paper to the reader, permitting Dr. Webster to use such time in describing his own treatment in cases of puerperal infection.

Dr. A. B. Kibbe is a man of strong personality and decided views, and his criticism of medical society matters, on the whole, is very good, and I cannot do better than quote his saying, which is more forcible than elegant, and which, I shall not forget, and I trust it may be of equal persistence in the minds of our readers: "Cases, cases, cases; damn the cases! The medical society is not a place for the exhibition of monstrosities. Principles are what we should be here studying, and not the strange freaks in nature or in practice which all of us meet."

Dr. J. W. Bean, of Ellensburg, made an admirable president. Dr. Bean's work at home is largely surgical. Although he has sometimes thought of leaving Ellensburg for a larger city, he told me the other day that he felt as though he was occupying a position of some usefulness in his present locality, and that he believed he could accomplish more under his present environments than he would should he remove to a larger city. The doctor does practically no out of town work, and is as independent a man in medicine as probably exists in the state of Washington.

The question of moving to a larger city is one which is in the mind of every practitioner whose time and life is largely being spent in a more rural section. It is doubtless true that the time spent in waiting for a practice in a city, if such time be made the life of a student, is well worth the expenditure of money and years which the better opportunities present. There is, however, another side to the question, one which Dr. Bean discussed with me the other day, and that is that one may be not only financially as well off in the smaller cities, but that he may also be much more independent, and his life may be of greater service to humanity than were he living in a place where his services should not really be needed.

Dr. Beverly McMonagle, of San Francisco, in discussing "Some Considerations of Operations for Repair of Relaxed Vaginal Outlet," presented an old subject and many methods in order that he might call attention to some new features upon this most common phase of gynecological work. The doctor called attention to a muscle just discovered which, while he did not himself name it, was named by the society, and doubtless hereafter it will be called, "the McMonagle muscle," although it is not as large as the biceps of its sturdy describer. The muscle consists of a large number of fibers in the perineal body reaching out in various directions, purely involuntary and one which when ruptured does not from any ordinary methods of treatment acquire anything like its normal position after the operation. Although space will prevent description here, Dr. McMonagle demonstrated with diagrams and drawings to the satisfaction of his hearers that much had been overlooked in the past in perineal surgery because this anatomical condition had not been recognized.

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I do not know whether the visitors from the East received their expenses or not, but presume they did. I know that of late years at the Oregon State Medical Society a fairly liberal honorarum for expenses was accorded our Eastern friends. There is some criticism of these payments, and I heard it said that as good material could be obtained without the expense, although if the "Wild and Woolly West" had money to spend our Eastern visitors could not be expected to refuse it.

Brown, of Spokane, ex-president of the society, in discussing the question of people from off this Coast coming to our meetings, made the suggestion that it was questionable whether this move was advisable or not; that while it was true that these papers were very valuable, our local men were frightened from preparing and presenting papers, treatises which might not only be valuable in themselves but help in their production to develop the local medical writer. "Why should we send East, said Dr. Brown, "when we can get such men as McMonagle from amongst ourselves?"

"When we suggested to McMonagle that he should give us, in round figures, what his expenses had been, he positively refused to even discuss the question with us, and said that he was the gainer, and not ourselves, through his visit, and not only that, but he was only in another portion of his own country, and that it was for him rather to help pay expenses of others from abroad rather than to have his expenses paid." The fact is, McMonagle is a big, whole-souled fellow, who has made friends everywhere, and he will always be, as he has been in the past, gladly welcomed not only by the Washington but by the Oregon society.

Speaking of outside visitors reminds me again that there is a good deal of quiet discussion going on at present, pro and con, along the lines suggested by Dr. Brown. One gentleman, in favor of "big guns from the East," remarked that "doubtless it was not pleasant to those who were always in the habit of listening to the echoes of their own voices to see time formerly taken up by them given to outsiders, but that the presence of these men possessed an additional desirable feature in that the local man did not now present a paper unless he felt that it had some considerable merit in it, because he knew that it would have to pass the scrutiny of these gentlemen from abroad, selected on account of national reputation, and who might be able to tear to pieces the flimsy paper of one who should write more to have his name upon the program than to benefit the society."

I am glad to present these two opinions, because they represent somewhat the extreme views upon a not unimportant phase of recent medical society movements in this Northwest.

Dr. A. H. Coe, of Spokane, the secretary, was unfortunately detained at home, still ill, but improving after an attack of pneumonia. Although the society has in its constitution a clause prohibiting the election to office of members who are not present, it managed to get around this point and Dr. Coe was allowed to hold over.

Dr. J. B. Eagleson, of Seattle, was present, as he always is, being one of the most constant from Seattle at medical gatherings, and was again chosen treasurer of this society. Dr. Eagleson had a paper on "Ectopic Gestation of Long Standing," published elsewhere in this issue. Dr. Eagleson confines himself strictly to surgical work, as he has for some years, and says that he has no regret over having cut out general work.

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Dr. J. C. Watkins, of San Francisco, equipped with a large amount of experience and appliances, such as are used in the Orthopaedic Hospital in San Francisco by Dr. H. Sherman and himself, discussed his subject, "Talipes Equinus Varus Congenitus," in a masterful manner. The doctor does not believe in tenotomies, but has no fear of the employment of any amount of force in replacing congenital malpositions, and some of the appliances which he exhibited would almost make one think that he were back in the middle ages and within the torture chamber.

Regarding the paper on "The Melancholic Man," which was the next upon the program, I feel, as I have long felt, that the great etiological factor in most melancholics is that of mal nutrition. Heredity plays a part in most all nervous troubles, but, as was pointed out in the paper, the well nourished man, having no reference to the well fed man or the corpulent individual, is reasonably free from the dangers of melancholia.

I am since reminded of something which occurred at Morningside while going through the institution of Dr. Clouston at Edinburgh. The doctor addressed a patient and the patient responded "Good morning, doctor; I am feeling better, and think that I shall now soon recover." After passing on, Dr. Clouston remarked that these were the first words the man had spoken for six months, that it was another evidence that if we can feed a patient enough, practically every melancholic will be brought back to health.

Dr. David De Beck, a new member of the society, and a resident of only a year and a half of Seattle, was quite at home and is a free and easy linguist, and his paper on "Traumatic Cortical Blindness," was an interesting one.

One of the papers which was not read, and through the omission of which the society met a considerable loss, I was told by several Seattle physicians, was upon "Uretero-Cystostomy with Traction of Ureter," by Dr. C. A. Smith, of Seattle. Dr. Smith has done a considerable amount of experimental work along these lines, and this paper is said to be the best paper which he has ever presented, although he is a somewhat voluminous medical writer, and has produced many clever things.

Dr. Park Weed Willis knows what he is talking about as regards the treatment of appendicitis, and I regret very much that I was not present when he read his paper. Willis is a thorough representative of the progressive young men who make up the leading body of medicine in Seattle. He is a product of this coast, and one The Sentinel is proud of.

As we were taking the car ride furnished us by Seattle, on passing around an enclosure Dr. Willis pointed it out to us and made inquiry, "Do you know what that is?" When answered in the negative, he replied, "There is where Seattle beat Portland today in a game of baseball." I thought it was pretty hard. I did not mind having him claim that the doctors of Seattle were much better than we have in Portland, and that Seattle is a larger city and has a brighter future, but when he touched upon the question of defeat in a baseball game, I thought that was a pretty tough blow. but as Dr. Willis is a good-natured fellow and stands criticism himself pretty well, I thought best to forgive him, and would ask him to note some later scores.

In regard to the age of practitioners, the average age of the men who are doing the largest practice in Seattle is 35, while in Portland the

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average age is 45. It is true that a good many of the leading men in Portland have been in the fore ground for a long time, but in any case those in minor practice will have to make up their minds that the "old men" are not very old yet and that the newer doctors will not fall heir to work on account of the retirement of older men, whether in Portland or in Seattle.

The younger men, though, are fast forging to the front, even in the East.

Speaking of surgeons, I wonder that there are not more pure specialists among them. The man who has a purely surgical mind, in time naturally turns largely in that direction, and a large proportion of his general practice leaves him in any event. While it is true that the greater number of the leading general practitioners are aspirants for surgery, they are also competitors for general practice, and there must be the advantage, so far as the relations with his confreres are concerned, of competing only in one line. One thing of great value in a specialty is that it gives its possessor the opportunity for study that he does not have while engaged in the general field.

The all round general doctor is doubtless the best man in medicine on earth. He may not always be able to do work along special lines as well as some men whose work is limited to a special field, but his life of usefulness reaching out in every direction is grander than that of any specialist, and it is one which many practitioners are not willing to depart from.

Again, it is not an easy thing to leave the general field if one has a large practice. To turn over to another the women and children in a family where one has been looked upon as a demigod for a long time is not done without deep pangs of regret, but if one is to be a specialist he must hew to the line, and keep nothing out side of his own department. As to the success or failure of a specialist, like that of the general practitioner, after all there comes in the personal question again and the man who does well in the general field need not fear failure going into special work if he follows his normal inclinations. To see work leaving him and but little coming, in the beginning, as a man in a special field for awhile must expect, has often driven many back into the general field who have planned and perhaps started into the narrower way.

Dr. C. Quevli's paper we publish elsewhere. While we may not all agree with him as to some of the conclusions which the paper proclaims, it calls attention to a very important matter in internal medicine, which should lead us to give it full consideration, and to follow up the topic by collateral reading if necessary. Dr. Quevli has but recently returned from a trip abroad.

Dr. R. C. Coffey, of Portland, Oregon, Washington and Idaho, presented a paper which was a credit to Portland, and an honor to the three states, in each of which he has been a resident within the past five years. Dr. Coffey was vice-president of the Idaho State Medical Society, and the next year secretary of the Washington society, and following and since a resident of Portland, where he has now been for two years and where his work is limited to surgery. The benefits to the specialist has been demonstrated in Dr. Coffey's career in Portland. Like any new comer, his general practice would in any case have been limited, but he limited it still further by excluding general practice. Had it been otherwise during the past two years, Dr. Coffey would not have been able to do the original work which he has done in this city.

Dr. Coffey is entitled to a great amount of credit for the experimental work he has done.

Dr. Woods Hutchinson, whom the program gave as Dr. "Wood" Hutchinson, as stated in an editorial note published in a late Sentinel, created not a little favorable comment at the session by his discussion, which was not a paper, under the title of "The Meaning of Uric Acid and the Urates." The numerous compliments

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which were paid the doctor, and the delicacy evinced by some gentlemen present who held adverse views from those of the doctor, in remaining in their seats, was perhaps not so much a courtesy to Dr. Hutchinson as the desire not to be forced to take to the woods after the doctor in closing should further elucidate his own views and fill with punctures, apparent at least, the criticisms of such opponents. Dr. Hutchinson, as an internal medicine consultant and practitioner, is a valuable addition to Portland's medical profession.

Dr. J. S. Kloeber, of Hot Springs, discussed somewhat at length some unusual forms of Tertiary Syphilis, which brought out from Dr. Essig, of Spokane, the statement that after all there has been little learned or done in syphilography during the past quarter of a century, and that the treatment in teritary syphilis by iodides is about the same as it was when the oldest of us were only in the beginning of professional life.

Dr. Kloeber pointed out the value which the copious use of hot water had in promoting elimination of iodides through diaphoresis and diuresis with increased metabolic changes which the use of sulphur water, massage and other appliances were able to produce upon the syphilitic individual.

Dr. J. J. McKone, who discussed several papers, takes life easy at the Hotel Tacoma, and probably comes nearer practicing a specialty than anyone else in Tacoma. He has been a good many times urged by patients and friends to move to Portland, offering him a larger field, but he has all the work he wants to do, is independent and contented and has always said, "Why should I leave Tacoma? Just watch Tacoma."

Judge Charles O. Bates, of Tacoma, presented a splendid paper upon "Legal Medicine," in which he said that medical experts cast a large amount of discredit upon themselves and upon medicine. In the discussion which followed, and in which several gentlemen took part, Dr. Hutchinson was the leading exponent of the medical side of the subject, pointing out that the differences in medical expert testimony was oft times largely due, not to the tendency of higher medical thought, but to the fact that pettifogging lawyers were able, by scouring the byways and hedges, to bring in a class of men who could be induced to take any side upon the subject.

My own views upon this matter are somewhat at variance with those held by the medical profession generally. I see no reason why medical men should agree any more than men do in any other walk of life. The clergy and their people fight up to the very death over questions of religion, and there are a thousand sects. Civil engineers and mechanics disagree as to methods of construction. Two machinists fall out and argue because each man believes he has a better way of getting force out of fuel than his neighbor. The law, out of which comes the largest criticisms of medical disagreements, flourishes because men in every walk of life look at matters from different standpoints and do not agree. The much abused jury will, after all, arrive at a fairly correct conclusion, giving proper credence not only to what the medical expert says but take into reasonable account who the medical expert is, in coming to a conclusion.

Dr. Geo. W. Libby did not read his paper on "Fumigation of Dwelling Houses After Contagion," but we are glad to publish it in another portion of this issue. With smallpox all around us at this time, I hope every doctor will read the paper, and if he does he will certainly profit thereby.

Several other splendid papers were read by title.

The Pierce County Medical Society of Tacoma deserves more than passing notice for their liberality in furnishing scientific and physical food for the visitors, and the expenses must have been large for some of these.

The trip to the Kloeber Hot

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Springs was a delightful ride of an hour and a half. The Hot Springs are certainly a pleasant place for a summer vacation, or for one afflicted with any of the ills which are treated in that institution. The waters are both hot and cold, the hot water being extremely sulphurous, and the result which has been obtained in rheumatic troubles has been in many cases marvelous, while in some of the eruptive dyscrasias the results have been equally marked.

The visitors from outside of the state largely accepted the invitation of the Seattle Society and took a trip to that city. This state session was not Seattle's funeral, but the boom qualities of the Seattle men were manifested by the fact that they proposed to get in on the program somewhere, which they did in this way, and in a very pleasant and acceptable manner. The visitors were taken about the city in an observation car, and in the wonderful growth of this peerless city of the Sound I was especially struck with the large increase in dockage facilities which Seattle has shown since I visited that portion of the city two years ago. There are no less than five docks building at this time, including those of the Great Northern, and the water frontage of Seattle has very much the appearance of that at Jersey City, or some other large port. The fact is, Seattle is forging ahead at a tremendous rate of speed, and I believe that she is to exceed in population any other city on this northern coast. This may be a great deal for a Portland man to say, but it is better to have foresight before the event than foresight after it, and there are some things in man which makes him like to be able to say, I told you so.

Yes, Seattle is a lively town. I noticed that the street cars are fixed so that there is one wheel under the car which keeps running even after the car stops.

The Sentinel has been talking about the high class qualities of the Washington doctors for these ten years past, and more, and it was a case of "I told you so" satisfaction to hear these gentlemen from the East, who are a considerable portion of their time traveling from one society to another, speak so well of the men who make up the medical common-wealth of the great state of Washington.

There is another thing which a newspaper likes to feel, and that is the sense of being what is called modestly endorsed. This is the fourth meeting which I have attended of the Washington State Society at Tacoma, and the Seattle brethren have not in the past done quite the correct thing by Tacoma. In the two issues before the meeting we made a special feature of calling upon the doctors of Seattle to turn out at this time. We are proud of the way the doctors in Seattle were represented, and in seeing the crowd that was there from Seattle, we consider The Sentinel again "modestly endorsed."

Three years ago there were, I believe, only four doctors present from Seattle, and the average of the three former sessions did not exceed a half dozen at the banquet. At the last session there was one Seattle doctor present. At this session there were about as many doctors from Seattle as from Tacoma, and the list of thirty-four physicians, Seattle doctors, published elsewhere, should be an honor roster and a source of pride to Seattle and an incentive to Tacoma, showing her what she herself must do when her sister city shall have the meeting two years hence.

Speaking of future meetings, I might say that the Spokane doctors who were at the meeting, led by Essig and Thomson, who are always there, have already pledged themselves to put up a meeting next year which will excel that which has just closed. They are handicapped in that there are not so many local doctors tributary to Spokane, and the attendance must necessarily be less, but I know the Spokane people well enough to promise that there will be something pretty good next year at the Falls.

The trip to Puget Sound reminds me again that we have a

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great country in this Northwest, the local territory alone being enough to make immense cities while the Pacific will build up great seaport towns. In the Willamette valley tributary to Portland not more than one per cent of the soil is under cultivation, which region, in time, ought itself to support a metropolis of a million people. I am told that Seattle and Tacoma have equally fine areas of rich ground immediately contiguous, and the people of these cities, especially Seattle, are reaching out for foreign trade in a manner which nearly makes the head of a man from "sleepy" Oregon dizzy to contemplate. Showing what changes are taking place, look at the new high school building which is being erected at Seattle at a cost of $275,000, in a city which had but a few years ago a population of only ten thousand. Dr. A. H. Coe, who is a member of the board, has been looking out for the biological and other laboratory departments, and I am glad to see that he is succeeding in his efforts. Coe is a fighter, and had he not been so this department of this new school would not be what it is shortly to become.

The patriarch of the session was Dr. N. G. Blalock, of Walla Walla, who has had forty-two years of active practice in medicine, thirty years of which has been spent in Walla Walla. Although the doctor's long flowing beard gives a patriarchial appearance, he otherwise appears like a young man. He does a large practice, last year having had more than 150 surgical cases, 22 of which were hysterectomies. The doctor's hand is steady, his eye is clear, and his sixty years of age has not made an impression upon him, as he says, principally because he has never drank or smoked, and because he has diversified his life work. The practice of medicine is too hard for any man to confine himself to, without diversity to some degree, says Dr. Blalock, who has, in his farming, fruit raising and other side lines, always found something to take his time from the trying work of the physician in active practice. Dr. Blalock's fine physical condition is manifested by the fact that his teeth are as sound as those of a youth, and his step as light as it was thirty years ago. The doctor was a surgeon during the civil war, and rendered valuable services to an Illinois regiment, and later had service in the Indian War in this portion of the Northwest.

I was told that during the last four examinations by the Washington State Medical Examining Board more than 200 doctors had received certificates and located in the state of Washington, and one doctor from Seattle told me that they had nearly all located there. One thing seems certain, and that is that there are more physicians in Seattle today than there are in Portland. The great majority of these are recent graduates. The State Examining Board is very difficult to pass, and unless a man is fresh from school he feels some hesitancy in going up against it. Such condition has existed for many years, and this is one of the reasons why the profession, as a rule, is so much better in Washington than almost any other state in the Union.

Dr. Brooke, of Portland, was an attentive visitor at the meeting, and renewed his acquaintance with a number of his old college and hospital friends. Dr. Brooke has enjoyed the privileges of very extensive hospital service in this country and abroad, and he meets former medical associates almost everywhere he may go. He has an easy manner of address and his part in any medical society is appreciated.

Dr. J. P. M. Chalmers, of Vancouver, whom Portland people feel is as much a resident of Oregon as Washington, was at the session, going from there to Spokane to attend the Washington Medical Examining Board of which he is a member. Dr. Chalmers is a member of the Oregon society, and never misses a meeting.

Among the visitors from the outside I noticed Dr. Gardner, of North Yakima, who was on his way to San Francisco to buy an "Automobile." The doctor at present keeps four

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horses busy, and he computed with me the expenses of taking care of his horses and buggies at $75 per month. He expects to run this steam motor at a much less expense, and a great deal more comfort. The doctor will take his machine home by way of the Columbia, and will steam into his own town in a way which will doubtless startle the natives, making an overland trip of 100 miles.

Dr. G. S. Armstrong, of Spokane, who is doing nicely in his new location, was, in the absence of Dr. A. H. Coe, acting secretary during the greater part of the session, and it looked quite natural to see him again in that line of work. In former years if there was any secretary business to be done, either at the local or state society, State Examining Board, or Board of Health, it had to be done by Dr. Armstrong. He was a good deal like the man said of Columbus, "if you have any worlds to discover please take them to Columbus, and let him discover them."

Dr. H. W. Cardwell, of Portland, created a favorable impression upon an audience which previously was made up largely of strangers to him, by his narration of interesting incidents associated with his Philippine medical experience.

Dr. Geisendorfer, of The Dalles, manifested the greatest degree of loyalty to medical opportunities of any Oregon doctor, coming the longest distance from Oregon to the session. Geisendorfer is a pretty faithful attendant upon medical societies, and knows the value they bring to all who will take time to attend them.

Dr. J. P. Tamiesie, of Hillsboro, Oregon, although he came a little late, made up by close attention for his remissions as to time. Dr. Tamiesie is a large wheat raiser in Eastern Washington, having a farm in the Palouse, as well as practicing medicine in Oregon.

The new officers elected for the ensuing year were:

Dr. Charles McCutcheon, Tacoma, president.

Dr. Geo. W. Libby, Spokane, first vice-president.

Dr. A. E. Stuht, Colfax, second vice-president.

Dr. A. H. Coe, Spokane, secretary.

Dr. J. B. Eagleson, Seattle, treasurer.

Judiciary Council for three years:

Dr. Park Weed Willis, Seattle.

Dr. N. Fred Essig, Spokane.

Judiciary Council for two years:

Dr. Frank M. Bell, Kelso.

Dr. Charles James, Tekoa.

Judiciary Council for one year:

Dr. E. M. Brown, Tacoma.

Dr. J. W. Bean, Ellensburg.

McCutcheon, the good-sized, good-natured and good-souled superintendent of the Fanny Paddock Memorial Hospital, was the most surprised man at the meeting when his name was presented for the office of president of the society, to which office he was unanimously elected. Elsewhere will be found a fair representation of his features, which we are glad to present in this Washington State Society number to our readers.

The Sentinel was very much complimented by the criticisms which it received at the hands of some doctors of the state of Washington, because the "personal" features of the journal had not of late been as thoroughly maintained as they formerly were. There are one or two d. f.'s in Portland who have always criticised the character of the personal matter which has been written for the journal. My own opinion having always been that if the Medical Sentinel could not compete with the big Eastern periodicals, it should place itself upon a local basis, which must of course be, relative to its own constituency, somewhat personal in character. The criticisms which have

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just been made are, therefore, in the shape of compliments as to the plan which had formerly prevailed with the Medical Sentinel, and proves that the d. f.'s formerly referred to (and I might say that d. f. means dear friend) are wrong. I can promise our constituency in the upper section that Washington shall have a larger representation in our columns in the future than she has had for the past year or two, as the present number evidences.

Dr. J. M. Bell, of Kelso, and Dr. L. M. Sims, of Kalama, who always attend both Washington and Oregon State Societies, Dr. A. H. Goddard, of Tacoma, late efficient superintendent at Steilacoom asylum; Dr. John South, Dr. Elmer E. Hegg, former secretary, of North Yakima, now a resident and doing well in practice at Seattle, were present, and I remember to have seen them at the meeting ten years ago. Dr. C. W. Sharples, Dr. Wagner and Dr. Coleman took part in the work of both sessions, and Dr. Shannon handled the report on "Obstetrics" ten years ago. Several others were at both meetings. A good many men who took a prominent part ten years ago were not, however, at the present session. Waughop was elected president, but he is now in the Sandwich Islands. W. G. Coe has crossed the Great Divide. Hickman met a solitary death in the wilds of Alaska. Tuttle has passed away. Bebee is no more. Others, also, are dead, while a dozen or more of those with us ten years ago have moved out of the state. A decade works havoc with us and our plans.

Dr. Kenneth A. J. Mackenzie, of Portland, Oregon, who has always taken a great interest in the meetings of the Washington State Medical Society (and in whose roster he has many warm personal friends), attended the session throughout, and was present at the "round up" at Green River Hot Springs.

Doctor Mackenzie took an active part in the discussion of the surgical papers, and on the second day read a paper on "Cystic Kidney," which was discussed at length by Doctor Simon Flexner, of Philadelphia, Doctor Woods-Hutchinson, and others. The specimen which Dr. Mackenzie exhibited was remarkable for its great dimensions and its peculiar coloring, being almost unique of its kind. Notwithstanding the gravity of the case, the operative results were most satisfactory.

The promise of seeing Professor Bevan, of Rush College, interested many of his old friends in this meeting, and Doctor Mackenzie, who has associated with him for many years in Portland in a general surgical practice, was numbered among those who were most keenly disappointed on account of his unavoidable absence.

For upwards of twenty years, Doctor Mackenzie has been pre-eminently identified with the surgery of the Northwest, and the great interest that he is taking, and has always taken, in higher medical education, and the conduct of a large general surgical practice, shows no signs of abatement.

There is no one who takes a keener interest in modern practice, or who is more deeply imbued with the spirit of work, in a strenuous life, in order to keep abreast with the swift march of progress, than our friend, Doctor Mackenzie.

Doctor William Jones, of Portland, Or., took an active part in the session. Contrary to his custom, he presented no paper, but took a prominent part in the discussions of some of the surgical papers. He was particularly happy in the discussion of Doctor Sharples' paper on "Surgery in and Around the Gall Bladder and Ducts," a theme with which he is at home.

His method of disposing of the bile flow by anastamosis with the colon, a more convenient and less difficult route than the natural route by the small intestine, brought out a round of friendly but earnest criticism from Doctors McMonagle, Essig and Mackenzie, who were all convinced that any of the untoward results in Doctor Jones' cases were due to the failure to follow the physiological route.

Doctor Jones is a believer in organization, and is enthusiastic in the work of medical societies.

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The names of Henry and William Jones have been synonyms for good work, and the highest traditions of the profession.

Doctor Caspar Sharples, of Seattle, Wash., presented very ably his paper on "Surgery in and Around the Gall Bladder and Ducts," and gave the details of a number of cases which he had successfully treated.

To the Oregon contingent Doctor Sharples': personality appeals with more than passing interest, his father having been for many years a man of light and leading in the profession of Oregon.

Dr. Hamilton Stillson's paper on "The Non-Surgical Treatment of Strabismus," was practically demonstrated by methods which should be employed before surgery is brought into application for a crossed eye.

To Avoid "Prickly Heat."

Not a few people are distressed during the hot months with an itching and burning sensation of the skin, accompanied by a fine eruption. This is caused by the perspiration, which cannot readily evaporate and thus produces the irritation. As stated in Clin. Med., it will be found better to resort to soap and water, used frequently, and to avoid alcoholic and alkaline washes. Once a day, perhaps, the irritated parts should be gently bathed, then dried thoroughly, and afterwards anointed with cocoanut oil. It is absorbed readily and should be applied with the hand. It is not greasy and will not soil the clothing unless an excessive quantity is used.—Jour. Amer. Med. Asso.

Night Sweats of Phthisis.

Sielot's formulae (Le Progres Medical) from the Monthly Cyclopedia of Practical Medicine:

℞ Agaricin, gr. viiss.
Pulv. ipecacuanhae et opii, ʒ ij.
Powd. marshmallow.
Mucil. acaciae, aa fl. ʒ j.

M. et div. in pil. No. 100. Sig. One or two pills in the evening.—Therapeutic Monthly.

Chronic Articular Rheumatism.

℞ Tinct. ferri chlor., fl. ʒ ij.
Sodii salicylat., ʒ ij.
Acid. citric, gr. x.
Glycerinae, ʒ j.
Liq. ammoniae citratis (B. P.) q. s. ad ʒ iv.
Ol. gaultheriae, gr. xv.

M. Sig. Dose, one or two teaspoonfuls every two hours until ringing of the ears is produced, and then increase the intervals to four or six hours. (In anemic cases.)—Philadelphia Hospital.

℞ Potass. iodid.
Salicin, aa ʒ ij.
Ext. manacae, fl., fl. ʒ ij.
Tinct. cimicifugae, fl. ʒ j.
Hydrangeae lithiat., q. s. ad fl. ʒ vj.

M. Sig. Teaspoonful, diluted, every three or four hours.—Dominion Med. Mon.

Rickets.

℞ Ol. morrhuae, fl. ʒ vj.
Syr. calcis lactophosphatis.
Liq. calcis, aa fl. ʒ iij.

M. Sig. One-half to one teaspoonful two or three times a day. Shake thoroughly.—H. A. Hare's Practical Therapeutics.

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ORIGINAL ARTICLES

PRESIDENT'S ADDRESS

By J. W. BEAN, M.D.
Ellensburg, Wash.

Delivered al the Annual Meeting of the Washington State Medical Society held at Tacoma, Washington, June, 1902

Members of the Washington State Medical Society—Ladies and Gentlemen: I congratulate you one and all upon the excellence of this the 13th annual meeting of the Washington State Medical Society. I most earnestly hope that the friendly spirit shown at this meeting will still further cement the medical profession of this State and of the entire Northwest into a more compact body, banded together for the mutual good of its members and the advancement of scientific medicine.

Permit me at this time to offer my sincerest thanks for the great honor conferred by electing me your president. No greater compliment could be paid to any physician in this state, and no society could be more considerate of the shortcomings of its presiding officer. The many errors I have made have been errors of judgment, and not of the heart, and my only regret can be that the mantle had not fallen upon some one more worthy and competent.

Our constitution makes it obligatory upon the president to deliver an annual address, and I know you will pardon me if, rather than bring before you some scientific subject, I offer you a few rambling thoughts that I believe pertain to the welfare of our society and the medical profession of the state at large. I promise you, however, I shall consume but little of your time.

In the first place, permit me to congratulate the executive committee, in behalf of the society, for the excellent program it prepared, and the committee of arrangements of the Pierce County Medical Society for our social entertainment. As you can all testify, these committees have done their work well, and deserve the highest praise. I also wish to offer our sincerest thanks to the distinguished visitors who have added so materially to the success of this meeting. We extend to you all a most cordial invitation to meet with us again.

There are one or two points bearing directly upon the welfare of physicians in general that I wish to mention. In certain parts of this state the illegal practitioner of medicine still flourishes, notwithstanding the fact that we have reasonably rigid medical laws. The

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trouble lies, not in our laws, but in the difficulty of enforcing them. Individual effort is of but little avail. The ordinary medical man dislikes the notoriety that usually follows a prosecution of these *charlatans* in our courts, and this unsought for notoriety renders the task of prosecution so odious that most legal practitioners prefer to allow these imposters to continue undisturbed rather than themselves go into courts as prosecuting witnesses. It seems necessary that there should be some organized body whose express duty it is to look after these prosecutions. The duties of our State Board of Medical Examiners are already exacting, and they should not be expected or required to assume this additional duty. To my mind the proper body to look after this is the State Medical Society, and I would invite a careful consideration of this matter. While I feel the duty rests with us, I am not prepared at this time to formulate a plan in detail, but hope that this may be accomplished in the near future. The question of an organized medical defense in suits for alleged malpractice is also another one that this society may consider with propriety. To defend such a suit entails a heavy expense upon the individual physician, and too often takes all of several years' savings. To compromise such a suit, which may often be done for a small fraction of the cost of properly defending it, encourages others to try the same blackmailing scheme. In this way some of our best physicians, and especially surgeons, have been greatly annoyed, and a few seriously injured during recent years. It is claimed, and I believe rightly, that if a physician compromises such a suit a positive injury is done not only to himself but to the medical profession as a whole. If, therefore, the results of these suits are something that affect the many, then it is perfectly proper that the many should "step in and defend them." It seems, moreover, that this plan should be the most successful in dealing with the evil. When blackmailers find they must deal with the physicians of the entire state as an organized body, they will not be so ready to enter the fray themselves, nor will they be encouraged to such an extent by unscrupulous lawyers who are ever ready to accept these cases upon a contingent fee. Such views as these seem to prevail in some of the more prominent medical societies in the older communities of the United States, for they have taken up this question and formulated plans for the defense of their members in such suits. I have not aimed to go into details in regard to this matter, but would suggest that if the society thinks best, a committee be appointed to consider this question and that of a better enforcement of our medical laws, with instructions to report at our next meeting.

Another subject affecting more directly the success and pleasure of our meetings that I wish to call attention to is that the discussion of papers has not been as general as it might have been. This may, perhaps, be excused by saying that these papers have, in many instances, been complete in themselves, and while they were both entertaining and instructive, yet failed to provoke any discussion. Yet, when we reflect upon the many hours of careful thought and painstaking research, usually made at a serious sacrifice, involved in

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preparing a paper for this society, it seems almost heartless to pass them over in perfect silence. For it may be that this silence is sometimes interpreted as indicating a lack of appreciation. There are, perhaps, many other questions which it will be necessary for us to consider in the near future, but I have only outlined the few which seem to me to be the most urgent, and, in order to redeem my promise to be brief, will close by again thanking you all and wishing you a prosperous, happy year, and expressing the hope that we may all meet again at our next annual meeting in Spokane.

Spasmodic or Catarrhal Croup.

℞ Mentholi, ʒ ij.

Sig. Volatilize about ten grains in a room, by placing in spoon and applying heat.

Indications.—Used to relieve attack. Wrap cold cloths around neck. An emetic is a valuable adjunct to this treatment if the child does not promptly improve.

℞ Calcis, lb. ij.

Sig. Place in bucket of water and allow child to inhale steam freely.

Indication.—Used to relieve laryngeal spasm.

℞ Tinct. belladonnae foliorum, gtt. x.
Chloralis, gr. viij—xx.
Potassii bromidi, gr. xv—ʒ j.
Syr. acaciae, fl. ʒ iv.
Aq., q. s. ad fl. ℥ ij.

M. Sig. Teaspoonful in water, and repeat in two or three hours if required.

Indication.—Used to relieve laryngeal spasm. For child two to eight years old. Smaller doses for younger children.—Ex.

Vulvitis.

℞ Liq. plumbi subacet., ʒ j.
Tinct. hyoscyami, ʒ ij.
Aq. camphorae, q. s. ad ℥ viij.

M. Sig. Apply.—Medical Standard.

Acute Bronchopneumonia in Childhood.

The Medical Record gives the following outline of treatment by Carriere: Isolate the patient as much as possible, avoid chills, and make the air which the patient breathes aseptic by antiseptic vapors. For this purpose he recommends the following:

℞ Phenol, ʒ v.
Thymol.
Benzoin, aa ʒ iiss.
Alcoholis, ℥ iij.
Aq., Oiss.

He also recommends keeping the respiratory tract in good condition by nasal douches and mouth washes of boric acid, keeping the skin in good condition, keeping the gastrointestinal tract in order by the administration of mild chlorid of mercury. As alimentation he recommends a glass of milk every two hours; bouillon or beef juice to children over eighteen months.—Jour. Amer. Med. Asso.

Vomiting in Children.

℞ Potass. bicarb., gr. xxv.
Acidi citrici, gtt. xvij.
Aq. amygdalae amarae, ℥ j.
Aq. dest., ℥ ij.

M. Sig. One teaspoonful every time vomiting occurs.—Holt, Med. Rec.

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PUERPERAL SEPSIS

Abstract from Address by Dr. Clarence Webster, of Chicago, before the Washington State Medical Society, Tacoma, June 26, 1902

By MAE H. CARDWELL, M. D.

It is a disgrace to medicine that puerperal septicaemia is not relegated, with hospital gangrene, to oblivion. One should not be taught in medical schools, more than the other. That it is, is a reflection on the technique of the present day surgeon.

Germs invading the puerperal uterus are of two classes—saprophytic and pathogenic—the lines of treatment varying widely in each.

In puerperal infection the condition is commonly considered serious according to the amount of odor accompanying, when usually the exact reverse is the truth, for the pathogenic germs, of which the streptococcus is oftenest present, while being more septic, are productive of little or no odor, the saprophytic, on the other hand, being putrefactive, much odor is given off by the necrotic tissue in the shreds of membranes, or debris of placental structure within the uterus. Here the curette is at once suggested to clear away the foreign material.

The microscope, in pathogenic septic conditions, shows the germs upon the endometrium, beneath which an army of phagocytes are arranged to arrest their deeper invasion. The curette in this class would clear away both germ and phagocyte, leaving the field open for fresh and more fatal infection. The main treatment now should be antiseptic douching, which in my practice is supplemented with a uterine pack of gauze saturated with a formalin solution.

Schering's Formalin is a standard preparation of a 40 per cent solution of formaldehyde. Eight drops of this with three ounces of glycerine in a pint of sterilized water gives a 1 to 3000 solution of Formaldehyde which equals in value 1 to 300 corrosive sublimate. We add 2 drops to allow for evaporation, and after soaking the gauze in the solution carefully pack the uterus, thus keeping the antiseptic in close touch with the endometrium 12 to 18 hours, by which time, in favorable cases, the temperature has fallen. The tampon is removed and renewed or not as indicated.

Formaldehyde should not be exposed to air, as it takes up oxygen and becomes formic acid. Ergot is valuable during the puerperium for closing uterine sinuses and preventing infection.

Brandy and whisky possess food value in scepticaemia when the secretions are not in condition to prepare aliments for assimilation, and should be administered freely. Twelve to sixteen ounces daily is nicely appropriated.

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THE DIAGNOSIS AND TREATMENT OF VALVULAR HEART DISEASE

By C. QUEVLI, M. D.
Tacoma, Wash.

Read Before the Washington State Medical Society, Tacoma, Washington, June, 1902

I will not give you an extensive treatise on heart disease, only a few practical hints which may be of use in diagnosing valvular lesions. I will only speak of the left side of the heart, because as far as diagnosing is concerned, the right side may be cut out, as you only have lesions there as a consequence of diseases of the left, except in a *very* few exceptions.

The lung so covers the heart that normally you get dullness extending from the fourth rib to the apex beat, which as a rule is felt in the fifth interspace. To the right the dullness extends to the left sternal margin and to the left should not extend beyond the mammary line.

You may find cases in which the dullness extends beyond these lines and still the heart may be normal on account of the contour and shape of the chest. This is very frequently the case with children, where a false diagnosis of mitral regurgitation and hypertrophy of the heart is made because the murmur that you hear may be anemic and the apparent hypertrophy of the heart only due to a small or abnormally shaped chest. A diastolic mummur is never anemic, while, as you know, a systolic often is. You may also in hypertrophy of the heart find no abnormal dullness and no abnormal impulse of the apex beat or heaving of the chest wall because the patient may have an unusually large chest.

A very large ventricle, right or left, may often give a false diagnosis, because it will push the other a little out of the way. The loudness of the murmur may be misleading, because the murmur depends on the quantity of blood which is forced through the opening and the force with which it is propelled. So, with a weak heart and little blood, you may have little or no murmur, and still the valvular lesions may be greatly involved, while with a strong heart and a good quantity of blood a small defect of the valve may give a loud murmur. The apex of the heart may also beat against a rib, masking the strong impulse of an hypertrophied heart.

Diagnosis of valvular lesions should not, as a rule, be made on one physicial sign alone, but on a combination of them, such as murmur, increased dullness, accentuated second sound, etc.

Aortic regurgitation constitutes about 40 per cent. of all valvular lesions. It is found mostly in men before or at the middle period of

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life, due in the majority of cases not to endocarditis, but to a strain of the valve during the diastole, causing sclerosis of valve and turning in of the edge of same. It is mostly found in strong, hard-working laboring men, and is also called the athlete's heart. Alcohol and syphilis are also frequently the cause of aortic regurgitation; especially a combination of alcohol and hard work is in many cases found to be the cause of this trouble. I was surprised at the number of working people in Vienna who had aortic regurgitation until I found that most of the working people there believed that the harder they worked the more liquor they needed to give them strength, and the wives and children of such people would voluntarily deny themselves the necessities of life so "poor papa" could have lots of cheap liquor to strengthen himself while he worked.

It is of all valvular lesions the most easily recognized. A diastolic murmur is heard at the second costal cartilage extending down the sternum. It is always heard at Erbsen's point or the left third costal cartilage. The late Austin Flint called attention to presystolic murmurs sometimes found in extreme dilatation of the ventricle produced because the mitral segments could not be forced against the wall, but remain in the blood current, producing a relative narrowing, and as a result a murmur not unlike that of mitral stenosis. This murmur is better heard while sitting, since the blood flows downward into the left ventricle. You get first dilitation, then hypertrophy, and it is in these cases that you find the largest heart, causing also the largest area of dullness to the left and downward. The impulse is very strong and heaving. Your hand laid on the chest wall is moved up and down at each pulsation, except in extreme dilatation, when the impulse is weak and wavy. As a result of this sudden expulsion of blood into the arterial circulation and just as sudden backward flow, you get physical signs that in many cases enable you to diagnose these lesions without auscultation. The pulse fills quickly and just as quickly collapses (Corrigan, or the water hammer pulse). In marked cases you get flushing of the finger nails at each pulsation. Rub face until you get a red spot and you will notice flushing there at each pulsation. Put stethoscope over the femoral artery and in many cases you get a double murmur, one as the blood flows out and another as it flows back. The second sound of the heart is often lost at the aortic valve but heard in the carotid arteries. As I said before, it is one of the easiest of cardiac lesions to diagnose and the many symptoms that it produces I will not tire you to enumerate.

Aortic Stenosis. A true aortic stenosis you seldom meet with except in older people. A systolic murmur at the aortic vavle or second costal cartilage in the majority of cases does not indicate aortic stenosis. It may be due to a roughening of the aortic vavle on account of arterio sclerosis. In dilatation of the aorta you have that murmur because, when the blood flows through a small opening into a larger cavity, it makes a noise.

In aortic regurgitation you frequently get also a systolic murmur due to a roughening or inequality of the valve or opening, so do not

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diagnose aortic stenosis unless you at the same time get a small pulse, partial or complete loss of second aortic sound, hypertrophied right ventricle and a thrill. Then, if the subject is an old man you may be pretty sure you have a case of stenosis.

Mitral regurgitation is, as a rule, easy to diagnose, although you cannot always tell whether it is relative or due to disease of the valve. Here you get blood thrown into the left auricle, causing dilatation and hypertrophy of same, damming the blood back through the pulmonary veins, producing extra work of the right ventricle and hypertrophy of same. The normal amount of blood besides the regurgitated blood forced into the left ventricle at each diastole by the dilated and hypertrophied left auricle, causes dilation and hypertrophy of the left ventricle. In mitral regurgitation you get a systolic murmur, heard loudest at the apex. This sound is propagated to the left and is often heard at the angle of the scapula. You may, in certain cases, get the murmur loudest over pulmonary valve, because the enlarged auricle forms a bridge for the sound to reach your ear. The first sound of the heart as a rule is lost in the murmur. This murmur is heard loudest when the patient lies down, and you may often detect the murmur in the recumbent position when you fail to hear it while the patient is erect. In these diseases, on account of the hypertrophy of both right and left ventricle, you get a larger transverse diameter than in any other valvular lesion. You diagnose a mitral regurgitation from an anemic murmur because in regurgitation you get an accentuated pulmonic second sound and the first sound is either partially or completely lost in the murmur, and the murmur extends to the left and is often heard at the angle of the scapula. An anemic murmur is not heard very far from the apex beat, does not extend to the left, and is never heard in the back, and will also become less or may disappear on giving digitalis.

Mitral Stenosis is mostly found in young girls, because they are more subject to rheumatism and chorea than boys and lesion of the mitral valve is in most all cases the result of endocarditis. Here, the blood not being able to enter into the left ventricle, causes great dilatation, hypertrophy of left auricle, damming the blood back into the pulmonary veins and into the right ventricle, always causing dilation and hypertrophy of same, and on account of the increased pressure of the blood in the pulmonary arteries producing accentuated pulmonic second sound, which may be lost if you have insufficiency of the tricuspid valve. On inspection in young subjects, you may find bulging of sternum due to hypertrophy of the right ventricle. In palpation you get, in about 25 per cent. of the cases, a distinct pre-systolic thrill in the fourth or fifth interspace, which is best felt at the end of expiration, and a diagnosis of mitral stenosis can be made from palpation alone.

In auscultation you get in most cases a presystolic murmur, best heard in the mitral area inside of apex beat which ends in the loud first sound. This, like the thrill, is a sure sign of mitral stenosis except in the Flint murmur. In mitral stenosis you get a small irregular pulse, and where you get this with an accentuated second sound, suspect

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mitral stenosis. Then, if you can hear the murmur or feel the thrill, especially if you also get a loud first sound, the diagnosis is complete. Small, irregular pulse in middle-age or aged people means, in most cases, mitral stenosis or degeneration of the heart, and it is of great importance here to make a correct diagnosis, as in a degenerative heart the prognosis is gloomy with hardly any hope of improvement of health and death not far off, while in mitral stenosis the prospects are more hopeful for a number of years of comparative good health. In mitral stenosis the first sound is loud, which diagnoses it from the degenerative, which is soft. You may in degenerative myocarditis with dilitation find a systolic murmur, because the blood, on entering the dilated left ventricle, will whirl, causing the murmur. But if you can palpatate this murmur it is not myocarditis, and the first sound in aortic stenosis is loud, while in degenerative myocarditis it is soft.

In degenerative myocarditis you as a rule have the loud aortic second sound because in most of these cases you have atheroma of the aorta, while the second aortic sound in mitral stenosis is slight on account of the small arterial circulation. The murmur you may get in degenerative myocarditis gets better on giving digitalis, and is more changeable than mitral stenosis. The shortness of breath, the edema, cyanosis and other bad symptoms often disappear by giving digitalis in mitral stenosis, while digitalis has little effect on the degenerative myocarditis.

I will only say a few words concerning treatment.

Treatment. In the stage where the heart is compensated do not give drugs but see that the patient avoids excitement, leads a regular life, abstains from tobacco and alcohol and is moderate in the use of tea and coffee. Broken compensation is sometimes wonderfully restored by rest in bed for a few weeks and saline purgatives. In cardiac dropsy, give Epsom Salts in the morning an hour before breakfast in quantity enough to produce two or three liquid stools, and the drug which in this case works like magic and has no substitute, namely digitalis. It must be given in full doses, 15 to 20 drops of the tincture or one-half ounce of the infusion four times a day. If it produces vomiting, reduce the dose. Where digitalis cannot be given, the best substitute is strophanthus. Strophanthus is good to steady an intermittent heart in mitral diseases, but is far inferior to dropsy.

Digitalis, except in cardiac dropsy, is contra-indicated in aortic regurgitation, because it lengthens the diastole. Digitalis is one of the greatest of heart stimulants because of its action on the pneumogastric nerve which is, in part, a trophic nerve of the heart. Also by increasing the systole, thereby increasing the amount of blood in the coronary arteries and in lengthening the diastole the interchange of the blood in the cardiac capillaries with the tissues increases the strength and nutrition of the heart.

In valvular diseases, where the tissues are poorly nourished, they seemingly send messages to the heart for more blood. The weak heart, in trying to respond, becomes excited, causing palpitation and irregular beating. On giving digitalis this is relieved. Prognosis depends upon the mental and physical work that the patient is

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engaged in, the condition of his arteries and his liability to again have rheumatism or in any way be subjected to what in the first place caused his heart disease.

Often when you find a valvular lesion where the patient is in apparent good health and engaged in an occupation free from too much excitement and physical labor, where he has good habits and surroundings, you should not tell him, but tell one of his intimate friends or relatives, because life is short and joys are few, and you should not put more trouble and worry on your patient than is necessary. I can never forget a few years ago where I found a murmur which was causing the patient no inconvenience and where I accidentally discovered it listening to his chest because he had a cold. I told him of it, and he has been miserable and dejected to this day, fancying all sorts of horrible things that may happen to him, and one occasion he said, "Before I knew of my heart disease I was like the rich man who lived every day in glory and joy, but behold now I am in a Hell of doubt and worry." In treating heart disease, like other diseases, you should guard your patient's mental peace and happiness as well as bodily health, and not turn life's rosy dream into a nightmare.

Normal Salt Solution in Pleurisy With Effusion.

Dr. John A. Robison states that normal salt solution injected into the pleural cavity after removal of the fluid or when the fluid is loaded with fibrin enhances the tendency to absorption. The points he emphasizes are: 1. It increases osmosis of the fluid into the blood vessels. 2. It increases the activity of the absorbent lymphatics. 3. It acts as a solvent and an antiseptic. 4. The heat of the injection has a stimulating influence on the pleural vasomotor nerves, dilating the capillaries and hastening the blood current.—Jour. Amer. Med. Asso.

Acute Rhinitis.

℞ Ichthyoli, 0.05.
Aetheris.
Alcohol, aa 50.
M. Sig. Use as a spray.—Med. Rec.

Night Terrors.

Huber, in Peditrics, states that he would omit ghost stories, goblins, giants, thrilling literature, exciting games, and avoid dark, poorly ventilated rooms. Heavy indigestible meals at night and the use of tea, coffee or alcohol in any form favor the occurrence. The mode of life of the patient must be studied, the habits investigated and taxation of the nervous system avoided. Tonics and hematonics should be given to the pale, anemic children, and sometimes the bromides or other nerve sedatives to neuropathic children.—Jour. Amer. Med. Asso.

New Method of Treating Syphilis.

Wear a bag containing mercury on the chest, a dram of the metal being poured into each bag daily.—Bulkley, Denver Med. Times.

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CYSTS OF THE KIDNEY

By KENNETH A. J. MACKENZIE, M. D.
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Portland, Oregon

Synopsis of a Paper Read at the Annual Meeting of the Washington State Medical Society held at Tacoma, Washington, June, 1902

Cysts of the kidney are far from being uncommon. In the congenital variety both kidneys may be involved in the formation of congeries of cysts. Kidneys may be very greatly enlarged so as to obstruct labor, and death often results to the foetus. The state of the kidney is frequently associated with such developmental defects as cleft palate, hare lip, etc. Minor degrees may permit life to continue, and there are those who believe that the adult form is always congenital. Naunyn regards the condition as adenoma, and Courbis as epithelioma. Shattock regards them as embryonic rests, due to the implantation of the Wollfian body in the true kidney.

SIMPLE OR SEROUS CYSTS.

Simple cysts are met with under various conditions. They are found in connection with the cirrhotic kidney, and are due to occlusion of the uriniferous tubules by encroachment of the neoplastic tissue. They are usually small, occasionally mutiple, their growth is slow, and their fluid contains none of the urinary constituents. I have observed three cases in which there was nothing to suggest interstitial nephritis (three cases reported, complete cure in all three by nephrotomy, incision of the cyst and drainage.)

I have observed simple serous cysts in the young subject in the post-mortem room. Serous cysts are more common in women than in men, in the proportion of twenty to three. Inasmuch as interstitial nephritis is more common in men than in women, the statement that the disease referred to is the constant concomitant of cystic kidney would seem to be fallacious. The diagnosis is difficult; they have been mistaken for omental, mesenteric, ovarian, pancreatic, hepatic and splenic cysts, also for hydatids, new growths and peri-nephritic effusions.

Polycystic kidney. Conglomerate kidney cyst.

The kidney is large in typical cases, and the whole organ appears converted into cysts. Cysts are found in the cortex, and medulla, and very frequently the cortex is entirely eclipsed by cysts. The cysts vary in size from a pea to an orange. The color of the cysts is often variegated, due to blood pigment alterations.

The specimen exhibited looked like a large bunch of fruit. Contents of the cysts are very often limpid, sometimes viscid and colloid, and sometimes they are solid

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CYSTIC KIDNEY, REPORTED IN

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and caseous. Both kidneys are generally involved, and sometimes the cysts involve the liver, spleen and other organs. Dr. Osler has recently called attention to the influence of heredity. The cyst walls are very thin, easily ruptured and are lined by thin tesselated epithelium: they seldom intercommunicate. The surviving tissue of the kidney shows atroph. and sclerosis.

Wilks and Moxon regard the condition as an advanced state of cystic disorder, found in granular kidney, and called attention to the identity of the circulatory disturbance in both diseases.

THEORIES EXPLAINING THE CONDITION.

I.

CONGENITAL INFLUENCES.

(a) Persistent germinal rudiments.

(b) Failure of union of the excretory canals with the convoluted tubles.

(c) Congenital feebleness of the walls of the tubules, resulting in dilitation, under the stress of the normal intra-renal pressure.

II.

Peri-tubular sclerosis, constriction of the tubules and backward dilitation of the Malpighian capsules, the disease being an essential part of cirrhosis of the kidney.

III.

Foetal inflammation of the papillae, causing atresia and occlusion of the papillae, and preventing communication between the uriniferous tubules and the calyces of the kidney.

IV.

There is first local destruction of the tissue, followed by cystic or colloid degeneration.

V.

The cysts are neoplastic, beginning in the epithelium of the tubules. Some authorities regard the disease as belonging to the adenomata.

The problem of etiology is to be studied in the light of the following questions:

1st. Is the development of the polycystic kidney common in the state known as granular kidney?

2d. Are the commonly accepted causes of granular kidney identical with those of polycystic kidney?

3rd. Is congenital cystic kidney of the foetus or the new-born identical with the polycystic kidney of the adult?

4th. Is the age at which the disease develops the same as that of interstitial nephritis?

5th. Does the law of heredity apply in like manner to both diseases?

6th. Does the fact that cystic degeneration of the other organs, like the spleen and liver in the same individual at the same time, not suggest that it is a disease per-se, independent of, and not associated with interstitial nephritis?

7th. Are the cardio vascular disturbances constant in polycystic kidney, and if so are they the same as those constantly associated with granular kidney?

8th. Is polycystic kidney associated with alcoholism, the gouty state or excesses in eating?

9th. Is there a tendency in polycystic kidney to anaemia or dropsical effusions as in Bright's disease?

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10th. Are the urinary modifications the same in the two diseases?

REPORT OF CASE.

J. M., aged ——, good family and personal record. Strong, well nourished, good color. No circulatory disturbances. Has complained for six or seven years past of severe paroxysms, accompanied by headache and persistent vomiting. Abdominal pain in the right side. Attacks at first taking place at long intervals; within the last year gastric crises more frequent and almost intolerable.

Drs. Winnard and Ellis, of Albany, about a year ago discovered a large moveable growth in the right side—observation of it revealed rapid growth. Symptoms of pressure revealed pain and increasing distress. Crises latterly more frequent, severe pain, and violent vomiting. No signs of involvement of the opposite kidney. Urine containing albumin in moderate amount. Low specific gravity, occasional hyaline or granular casts. Quantity of urine increased.

Regarding it as new growth, performed nephrectomy.

Patient remained in the hospital six or seven weeks, and when discharged was greatly improved.

Severe gastric crises for which operation was performed entirely relieved. Urine continues albuminous, and not perceptibly diminished in amount.

Present condition satisfactory. Patient returned home, resumed duties as school superintendent.

Three months after operation signs developed of involvement of the opposite kidney. Growth rapid, but painless, and no pressure symptoms. Condition of urine unchanged, and quantity not diminished. Notwithstanding development of new growth, general functions of the kidney well maintained. Urea eliminated in safe proportions, and general condition of health greatly improved since operation.

Impetigo in Children.

Until the crusts have fallen, G. Carriere employs gauze compresses saturated in a decoction of walnut leaves. He applies peroxide of hydrogen compresses, covered with rubber tissue, renewed once a day. He also gives small of calomel internally.—Le Nord Medical.

Seatworms.

℞ Santonini, gr. xij.
Ol. theobromae, ʒ j.
M. et ft. suppos. No. iv. Sig. Insert one at night.—Jour. A. M. A.

Nephritis in Children.

℞ Liq. ammon. acetatis, ℥ j.
Tinct. digitalis.
Spir. chloroformi, aa ʒ j et m xx.
Aq. dest., q. s. ad ℥ viij.
M. Sig. Tablespoonful t. i. d. to children from 6 to 10 years old.—Ashby, Med. Rec.

Gonorrhoeal Arthritis.

℞ Syr. ferri iodidi, ʒ ss.
Sig. At dose gradually increased.—Wilson, Med. Rec.

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AN EXTRA UTERINE PREGNANCY RETAINED TEN YEARS

By J. B. EAGLESON, M. D.
Seattle, Wash.

Read before the Washington State Medical Society, at Tacoma, Wash., June, 1902

Mrs. E. S., a native of Indiana, aged 39 years, was referred to me by Drs. Gilchrist and Cooper. She gave the following history, viz: Previous to ten years ago she had always enjoyed unusually good health in every respect. She became pregnant at that time, and everything progressed normally until about the middle of the sixth month, when a bloody uterine discharge came on, which lasted for two months.

It then ceased and the abnominal enlargement diminished until only a distinct tumor remained at the level of the umbilicus, estimated by her to have been the size of a child's head.

About thirteen or fourteen months after the beginning of the pregnancy the menstruation returned normally, and she regained her usual good health, except for the presence of the tumor, which gave her no special inconvenience.

Four years later she became pregnant again, and carried the child until the seventh month, when she miscarried. The child was viable, and is now a strong, healthy girl six years old. The pressure of the tumor interfered with the growth of the womb during pregnancy, and was no doubt the cause of the premature delivery. Her health remained good after the birth of the child, and two years later pregnancy again took place, but she aborted at about the fourth month. Shortly after her recovery from this she took a horseback ride of nearly sixty miles up into the Cascade mountains. Previous to this time the tumor had remained at the level of the umbilicus, but as a result of the long ride it settled down on the bladder a little to the left of the median line. It soon caused a great deal of irritation of this organ by the pressure upon it, and since then she has suffered more or less all the time.

On several occasions she had slight chills, followed by some fever, evidently caused by the cystitis. At times the urine contained considerable pus and albumin, occasionally the feet and legs were considerable swollen and oedematous.

Before the tumor settled down into the pelvis the patient described it as being somewhat elongated in shape, slightly movable, and as the abdominal walls were rather thin, she could distinctly feel something resembling a mass of bones in its interior. Since its descent it has become much harder, and appears to be firmly fixed in its position. On several occasions her general health was so severely

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affected as to confine her to bed for several days.

The examination revealed a tumor about five centimeters in diameter resting on the left broad ligament. It was somewhat irregular in outline, quite dense, and but slightly moveable. It was not sensitive to palpation. Urine contained a little pus and a trace of albumin. As the history of the case left little doubt as to the pathology of the tumor, an operation was decided upon at once.

The operation was performed June 22, 1901, at the Seattle General Hospital, in the presence of Dr. John G. Clark, of Philadelphia, and several local physicians.

The tumor was found resting on the left broad ligament and against the left and posterior wall of pelvis, and also pressing upon the bladder. There were no intestinal adhesions, but it was quite firmly adherent to the broad ligament and pelvic wall. As all blood supply was practically obliterated by the age of the tumor it was peeled out of its bed with but little difficulty. In delivering the sac through the abdominal wound it was accidently ruptured by being perforated by one of the long bones which had eroded the sac wall by pressure, some of the contents escaping into the abdominal cavity. This was carefully wiped out with gauze sponges and the cavity irrigated with normal saline solution. The abdomen was then filled with this solution and closed without drainage. Her recovery from the operation was prompt, but her convalescence was protracted several months on account of the chronic cystitis.

A report from her a few weeks since stated that she was now strong and well.

The soft tissues of the foetus had become entirely disorganized, except portions of the brain, so that the contents of the sac presented a mass of bones and disorganized tissues.

Tapeworm.

Margossian, as noted in Phil. Med. Jour., states that he was unsuccessful in removing the head of a tapeworm from a patient, who had been suffering for ten years, by administering ten drop doses of the oleoresin of male fern. So he determined to find out the merits of the drug by administering it in one-half ounce dose at one time. Within two hours' time the expulsion of the tapeworm, including the head, took place. Since then he has treated five other cases after the same plan with as good success. No complications or symptoms of poisoning were present.—Jour. Amer. Med. Asso.

Nitrites in Brain Syphilis.

Dr. W. Browning, in Med. News, states that the nitrites, being the most powerful vasodilators, are of great benefit in overcoming the tendency to the narrowing of the lumen of arteries, specially in disease of the arteries supplying the brain. After the vessels are dilated, specific medication has a much better opportunity to gain access to the diseased parts. He also finds the nitrites of value in diabetes of old syphilitics in conjunction with specific treatment. He prefers to administer them by the mouth rather than hypodermically.—Jour. Amer. Med. Asso.

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METHOD AND ACCURACY IN SURGICAL TECHNIQUE

By R. C. COFFEY, M.D.
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Medical literature is full of teachings as to the necessity for a good technique, but the method by which a good technique is acquired has been to a large extent slighted by all authors. Authors seem to take it for granted that every one should know how to wash his hands, for instance, and that every nurse should know how to cleanse a field for operation, if she only knows where the field is. While I have had charge, either directly or indirectly, with the training of nurses and assistants for a number of years, I have only been studiously observing the details of the work of doctors and nurses, including myself, about a year. During that time I have been surprised at the aimless and methodless way in which we do much of our work. It is very interesting to carefully study our own methods, as well as others, for by so doing we find that we are doing much inaccurate work as well as our neighbors. Do we often enough stop to consider our helplessness in the presence of well formed habits?

By habit we dress ourselves without taxing our minds with a thought of which sleeve we put on first, or which garment we put on first, while with our mind we are planning and arranging our business program for the day. By habit a violin used by a master for a number of years acquires beautiful tones and becomes valuable, says Dumont, because the fibres of the wood at last contract habits of vibration conformed to harmonic relations. By habit our muscles perform all the duties or details of ordinary work without taxing the mind, if we only give the initial impulse.

"The most complex habits," says James, "are nothing but concatenated discharges in the nerve centers due to the presence there of a system of reflex paths so organized as to wake each other up successively, the impression produced by one muscular contraction serving as a stimulus to provoke the next until a final impression inhibits the process and closes the chain."

James tells how, after ten years' absence, on revisiting Paris he lost himself in a "brown study" from which he was awakened by finding himself upon the stairs which led to an apartment in a house many streets away in which he had lived during the early time, and to which his steps from the school had habitually led. Carpenter says, "Our nervous system grows to the modes in which it has been exercised."

James refers to the case of Rip Van Winkle in Joseph Jefferson's play, who always excuses himself

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for every time he was drunk by saying, "I won't count this time." James says: "Well, he may not count it, and a kind heaven may not count it, but it is being counted none the less; down among his nerve cells and fibres the molecules are counting it, registering and storing it up to be used against him when the next temptation comes."

The results of habit given by James are: First, "It simplifies the movements required to achieve a given result and makes them more accurate and diminishes fatigue." The second result of habit is: "It diminishes the constant attention with which our acts are performed." Again quoting from James: "Already at the age of twenty-five you see the professional mannerism settling down on the young commercial traveler, on the young counsellor-at-law and on the young doctor. You see the little lines of cleavage running through the character, the tricks of thought, the prejudices, the ways of the shop, in a word the way in which a man can by and by no more escape than his coat sleeve can suddenly fall into a new set of folds. On the whole, it is best that he should not escape. It is well for the world that in most of us by the age of thirty the character has set like plaster and will never soften again."

Now, as it is in other walks of life, so it is in surgical technique. I doubt very much if a single one present can recall the time when he studiously applied his mind to the performing of every act of a surgical operation. The fact is that we cannot be positive after we have done an operation whether we have observed every point in technique; but we are willing to risk our habits to carry us through safely, and we unconsciously rely upon the subconscious mind to tell our objective mind when our muscles do something wrong.

The chief point which I wish to make is, that neither the surgeon, his assistants, nor his nurses, can devote the mind to every little detail which is performed. The surgeon must apply his mind to the points of the work which require judgment and the higher sense of reason. Details must be left to what is known as muscle sense or spinal sense. If these acts are to be performed by the muscles, these muscles or spinal centers must be educated, and as they are not possessed with the power of reason, they will act like the parrot—only as they are taught. Therefore, the principle point in arriving at a perfect surgical technique is the education of our muscle sense. If the parrot is to be taught to say prayers only, it must never be left where it can hear swearing. If the muscle is to be taught correct methods in surgical technique it must never be permitted to act in an incorrect manner.

If a very refined and religious lady should have a parrot, and wished him to say prayers and nice things only, when she exhibited his talking qualities, she would be very much chagrined if her parrot on the day of exhibition should, instead of saying prayers begin to pour out vile oaths and the vulgar talk of the street arab. It is a very serious matter if, during the course of an operation, a nurse or an assistant or the surgeon himself becomes so engrossed with some difficult problem which comes up that he entirely loses himself, and instead of doing the right thing in the way of technique, his

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muscles should perform some old method learned years ago which has proven very disastrous, and which he has tried in vain to forget. I think the physiology of habit may be very aptly likened to a phonograph or kinetoscope which reproduces the voice, or a moving image thousands of times exactly alike due to a very delicate impression or path made on the plate by sound in the one case and an image in the other. This little path or impression is so delicate and so accurate that when the little machine is set to work the exact modulations of the voice are produced in one case, and the exact movements of the body represented in the other. The spinal centers controlling the muscles are even more accurate than these little machines, unless their delicate structures are marred by having conflicting impressions which blurr and produce many uncertain paths, making the action of the muscles under control of these centers act in uncertain ways.

The muscles under control of these spinal centers can be taught to act automatically with as much accuracy as the little instruments mentioned if they are rigidly trained to a certain act by the thinking mind for a sufficient number of times. But if a number of methods are being taught alternately the impression made on the centers would be like phonographic plate which carried the impress made by two different songs or speeches.

The most important subject for us to consider in surgical technique is, the matter of early educating our muscles in one good way, so that when storms arise, when troubles come, the chances are many to one that we will do the right method. The path of habit in the nervous system are so delicate, and yet so accurate, that the very small point of our having had our attention called away from our work while we were washing our hands, early in our career, may have been the beginning of a habit which has ever since caused us to neglect some little point on the surface of our hands. It may be only one corner of a certain finger nail or very small point in the space between two fingers; but it may have been the cause of that fatal case of sepsis for which you could in no way account. I have no patience with the old excuse that sepsis will occur in some cases without an apparent cause in the practice of the very best men.

When we have sepsis in a clean wound we may practically always be sure that some one has infected it. It may be the surgeon, his assistants or his nurses, but some one is at fault, and I think the primary blame must rest upon the surgeon himself, for he should train his assistants and nurses. This applies not only to cleansing the hands, but to every point connected with a surgical case.

James lays down the following rules for acquiring habit:

"First—We must take care to launch ourselves with as strong and decided initiative as possible.

"Second—Never suffer an exception to occur till the new habit is securely rooted in your life. Continuity is the great means of making the great nervous system act infallibly right."

"Third—Seize the very first possible opportunity to act on every resolution you make and on every emotional prompting you may experience in the habits you aspire to gain."

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It is a fact that it is almost hopeless for one to change his technique after he has operated for a number of years, and that if he has not already acquired a fairly good technique his patients will suffer because of his methods. If he has acquired a good technique, it is not his own acts that he fears, but the acts of his assistants and nurses. The question, then, is how can he quickest and and most effectually train his assistants and nurses, or students, so that they will perform the duties in a correct manner at all times and under all circumstances? I know of no rules better than those given above—laid down by James. First, Take care to launch them with as strong and decided iniative as possible, by teaching them the value of habit, and how they must depend upon habit for results. Second, We must never allow an exception to pass unnoticed until the new habit is successfully rooted. After a number of months' practice in the same groove the nervous system and muscles will act almost infallibly right.

Almost nothing has been written in the form of a text on this subject. Nurses and doctors have each learned their particular methods, not seeing any two persons who performed the technique in exactly the same way. Their teachers have not seen fit to call their attention to the small details, or have not noticed them themselves. The consequence is that a habit has been fixed which is wrong. For instance, a nurse or a doctor has learned the habit of washing his hands by scrubbing them for five minutes. If you will watch him you may notice that four minutes of this has been spent in rubbing the ends of his fingers along the brush in a to and fro motion, a half minute has been spent in scrubbing the palm of his hands, a third has been spent in making an occasional excursion over the arms to the elbow, one-twelfth has been spent in making a general tour over the hands and arms, while the spaces between the fingers have received very little attention. Another will scrub his arms until they bleed, and scrub the back of his hands until they are red, pay little attention to the palm of the hand, may get between the fingers, may devote some attention to the tips of the fingers, but pays no attention to the junction of the skin and nail, which is certainly one of the most important points. In fact, very few of us, if we are watched, will devote a proper portion of the time to each particular part. A nurse, in preparing a gynecological operation will probably first scrub everything from the tip of the coccyx to the pubes into one mass and infect the entire field. The same brush is then dipped into a pan of water, plunged into the vagina, is again brought out and scrubbed over the external field, again into the vagina, and so on in rotation, infecting all the field alike. The consequence is that the field has not received the best opportunity for being cleansed, and still a much longer time is required than if she had done the work in a systematic manner. It is the observation of these facts which has caused me to come to my present conclusions.

As it has fallen to my lot to teach the nurses of the North Pacific Sanitarium surgical technique, necessity has driven me to devise a plan by which these nurses may be taught to acquire a good and safe technique under all cir-

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cumstances. I have made it a study for some time. I am at present preparing a small pamphlet which we will use as a text for them in their training. In this I have taken up an exact method of doing all the details which pertain to surgical technique, and have clearly defined them, so that no mistake can be made as to the methods they are expected to follow. In carrying out this they are to understand that we will have no other way but "our way" for cleansing the hands, we will have no other way but "our way" for cleansing a field of operation, unless it be by the special order of a doctor in attendance. We will have no other way for preparing the operating room but "our way" until the habit has been thoroughly fixed. We will not accept another method in our training although it be as good as the one laid down, because of the principle which we have in mind, namely, the formation of the habit in doing the thing which must necessarily be done when the mind is otherwise engaged. I will give you an extract from the rules which we are establishing for the purpose of illustrating the points in question.

METHODICAL CLEANSING OF THE HANDS.

1. With sterilized liquid green soap and sterile brush scrub the hands from the wrists down. Beginning with the thumb of the left hand, scrub it thoroughly. Studiously scrub under and around every portion of the nail and the space between the thumb and index finger. Do not neglect the junction of the upper portion of the nail and the skin. Experiments with coloring matters clearly prove that this is even more difficult to reach than the space under the nail. Scrub the index finger likewise, paying special attention to the nail and interdigital space. Continue across the hand, taking in all the fingers in a similar manner, then go to the thumb of the right hand and proceed across the right hand in like manner. Scrub the left hand as a whole and then the right, scrubbing the palms and backs of the hands and finger tips,

Cut I. Author's infusion apparatus, with a thermometer in the jar, a thermometer in the tube near the needle, and a three-way stop-cock for regulating the flow, temperature, etc.

and again going between the fingers in a general way.

2. Put down your brush, and with a sterile nail file carefully clean under and around each nail, beginning with the left thumb and taking in all the fingers in the order given for the scrubbing.

3. Soap the arms and hands from elbows down with sterile liquid green soap. Take a fresh sterile brush and begin at the elbow of the left arm and scrub down to the wrist. Wash the right

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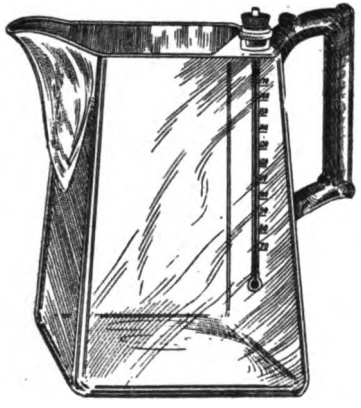
arm in like manner. Then begin with the thumb and scrub the hands in the same manner as described in the first step.

This process should require about fifteen minutes, five minutes for each step. Special precautions: Never put a brush down with the brush side toward the slab, lest it pick up germs from the dirty water which has dripped from some one's hands and is then scrubbed under the nails. Never use a brush or nail file which has been used by



Cut II. Author's glass pitcher, containing a thermometer for mixing and testing solution for irrigation. (A more recent device is a thermometer which fastens to the pitcher or jar by a spring clamp.)

some one else until it has been resterilized. In the process of installing this method we expect to make a thoroughly established technique in scrubbing the hands one of the requirements for admission into the training school after the two probationary months. For purposes of cleanliness, as well as for the purpose of establishing the habit, each nurse will be required to wash her hands at least once a day in this manner, either before or after hours of duty, so that her mind can be devoted exclusively to the work of cleansing her hands, until the habit is so thoroughly established that under no circumstances would she do it otherwise than in the manner taught if she allows her muscles to take their course.

In training myself to this method I go through this process the last thing before going to bed and the first thing after getting up in the morning. In this way I remove any septic matter which may have accumulated on my hands during the day, and at the same time add much to the establishment of a habit which will protect me under more trying circumstances.

In our instructions we take up each kind of operation, and give specific directions for the preparation in the same manner as we described the technique for washing the hands. In our instructions for cleansing a field of operation, we state the exact point to begin, what to do next, what to do last and where to end, with the reason for each step and in a general way where variations should be made. We give specific directions for the care of the hands. We give specific directions for the handling of infected cases. We give specific directions as to the preparation of surgical dressings. We give specific directions for handling of soiled dressings. In fact, every point pertaining to surgical technique is given in a definite way, so that there can be no excuse for doing otherwise. We will not accept any other method, no matter how good. Each nurse will be required to pass a written examination on all the points of surgical technique before she is allowed to do any important part of the surgical

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dressings. We give them the following rules as a general guide for the preparation of themselves:

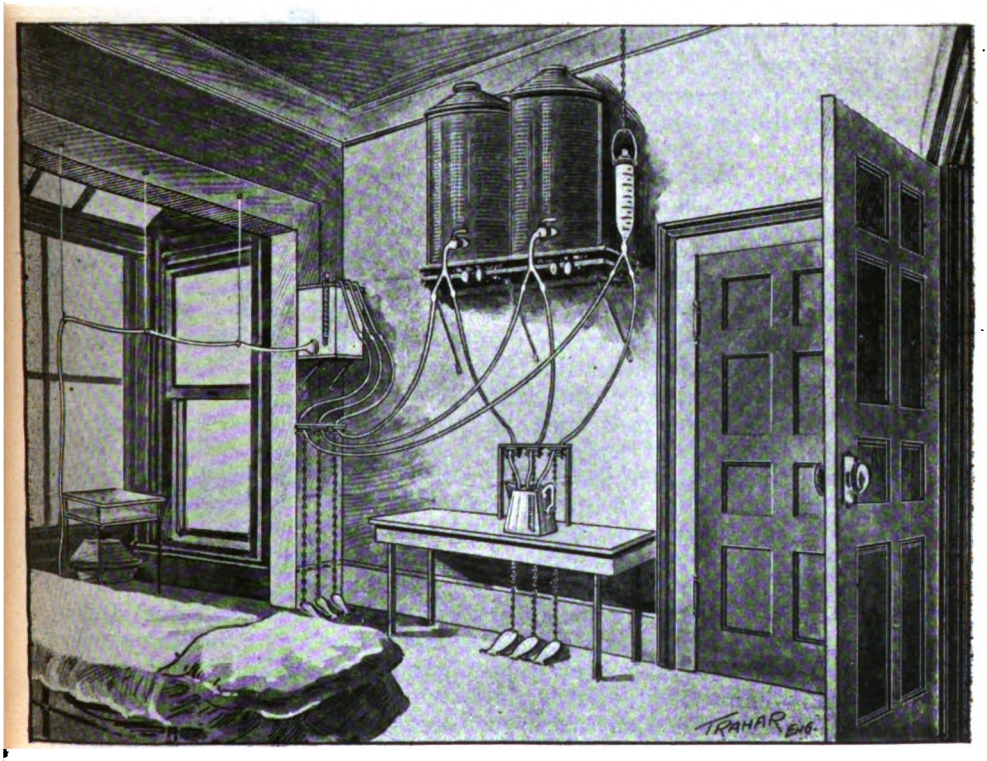
1. Avoid unnecessary contact of all septic material, the same as if you had no water, no chemical anti-septics and no artificial protection for the hands.

2. In preparing the hands, or a field of operation, do your work as thoroughly as if you had handled the most virulent sepsis and had no anti-septic solutions nor artificial protection for the hands.

3. Use chemical germicides as faithfully as if you had handled septic material, had not had the opportunity of using soap and water, and did not expect to use gloves.

4. Rubber gloves should always be used by the sponge nurse and other assistants, the same as if no previous cleansing had been done.

5. If rubber gloves are to be used the only safe plan is to figure that the gloves have holes in them, or that they will be punctured during the operation, which will allow all the septic material which the perspiration has soaked from the skin and under the nails to escape into the wound, pan of sponges or instruments, as the case may be. Therefore, when rubber gloves are to be used take more than ordinary care in cleansing the hands.



Cut III. Author's automatic irrigating outfit.

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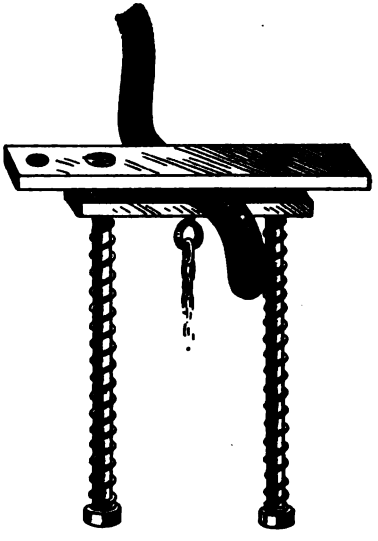
Having spoken of method and accuracy in forming involuntary habits, I will now briefly call attention to two or three things in voluntary work, which I have thought of more than ordinary importance, and in this case will refer more especially to accuracy.

Almost two years ago a circumstance took place which caused me to doubt the accuracy of the ordinary method of using saline infusion and irrigation. I therefore began a series of experiments as to the temperature of the solution as it left the jar and the temperature as it entered the tissues. Having carefully read the articles of various authors who seemed to lay a great deal of stress upon the temperature of the solution when it reached the patient, the question came to me: How do these men know what the temperature of the solution is when it reaches the tissues? Some indefinitely state that "considerable" allowance must be made for the loss of temperature in going from the jar to the needle, others go so far as to state the amount that should be allowed, making it a hard and fast rule. I began a large number of experiments with a crude apparatus which I made by passing a thermometer through a rubber tube into the solution as it entered the needle which opened my eyes to the uncertainty of the methods which had commonly been used for the administration of salt solution. I then invented a tube containing a thermometer which was to be placed in the rubber tube near the needle and made about ninety experiments with this. I find that the heat loss of the solution in going from the solution jar to the needle through a tube six feet long may vary from two degrees under certain conditions, to 40 degrees under other conditions. Therefore, under one condition we might produce a sloughing due to excessive heat of the fluid, while under the other the good effects



Cut IV. Author's tube clamp for attachment to a foot-piece.

of the salt solution may be counterbalanced by a temperature below ninety degrees. I found there were a number of conditions which greatly modified the temperature of the solution when it reached the needle, namely, that the temperature of the room had much to do; that the length of the tube greatly influenced the heat loss; that a small tube lost less heat than a large one; that an old tube, which had been boiled a great many times, lost much more heat than a new one; that a corrugated tube seemingly lost more than a small one, but the chief difference lay in the size of the needle. Below are given the experiments showing the

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influence of the size of the needle alone. I omit the other experiments for want of space, and because they are published in an August number of American Medicine:

Length of Tube	Temperature in Jar	Length of time required to run through 400 grm.	Temperature at Needle	Size of Needle
4 feet	120 degrees	19 minutes	98 degrees	Small (No. 1)
4 feet	120 degrees	10 minutes	108 degrees	Medium (No. 2)
4 feet	121 degrees	3 minutes	120 degrees	Large (No. 3)
6 feet	120 degrees	19 minutes	97 degrees	Small (No. 1)
6 feet	120 degrees	3 minutes	118 degrees	Large (No. 3)

I have here cuts representing a little device of my own for the purpose of accurately determining the temperature of the salt solution as it enters the tissues. Also a pitcher containing a thermometer, so that the nurse may bring exactly the right temperature, instead of having the hurrah of changing the solution by putting in first hot, then cold, then hot, to determine whether or not it is dangerous to use the solution. The chief points in the salt solution set are, it has a thermometer in the jar, a thermometer in the glass tube at the needle and a three-way stop cock by which the flow is regulated, and by which the cold water in the tube may be let out without introducing air, and a trap blown on the tube to catch the air bubbles that pass down.

In addition to this salt solution set and pitcher, I present some cuts representing other appliances which I have devised for convenience and accuracy. The least possible handling and moving around in an operating room is the best. The commotion of mixing and trying solutions by nurses, who are many times not accustomed to a good technique, certainly adds to the danger and lessens the accuracy of surgical technique in an operation. Cut No. 3 represents an automatic irrigating outfit which I have devised. Cut No. 4 represents a clamp for closing off a tube to the bottom of which is attached a wire or chain which extends to the floor, so that all that is required to start the flow of the solution is to make pressure on the foot piece. In Cut No. 3 you will notice three solution containers. On the right, next to the door, is a graduated jar which contains a saturated solution of salt; the next is a twenty-gallon tank sitting on a gas stove, and contains water which has been boiled the day before. The next to the left is a twenty-gallon boiler containing water which is boiling. Each of these containers is supplied with a "Y"-shaped faucet point. To the left on a small shelf will be seen a two-gallon glass jar containing a thermometer. This is an irrigation jar. A rubber tube leads from the saturated salt solution, one from the cold water tank and one from the hot water tank to this jar. A tube leads out from the jar to the center of the room for the purpose of irrigation at the operating table. Underneath the solution containers is a table for pitchers, etc., on which is a glass mixing pitcher containing a thermometer, to which

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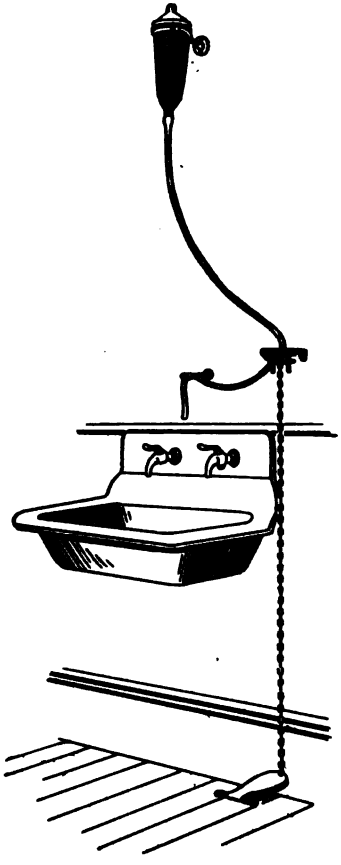
runs a tube coming from the salt solution jar, the cold water and the hot water. Each tube passes through a clamp. If a solution for irrigation is needed the nurse, instead of guessing at everything, mixing and trying solutions,



Cut V. Author's automatic soap container.

simply steps over to the side of the room next to the irrigating jar and first presses the foot piece, which will open the salt solution tube and let as much salt solution in the jar as she needs to make the required amount of solution. She then presses on the next foot piece and lets in as much cold water as she wishes and then lets in hot water until the desired temperature is reached. If she wishes pitcher irrigation, she does the same in mixing the pitcher of salt solution at the table. If she only desires plain water of a certain temperature she simply leaves off the salt solution. The amount of salt solution is measured by being in a graduated jar. In this way the least possible confusion and the least possible danger of infection of the solution will be brought about.

Another point which I have investigated along the line of cleansing, is that of a container for soap. Soap is to no great extent an antiseptic. The use of cake soap or green soap in a jar into which every one dips his hands, is a very uncleanly procedure. If green soap is in a bottle, and the bottle is turned over every time it is needed, the procedure becomes very troublesome, and is not entirely cleanly. I have, therefore, applied the clamp and rubber tube to the soap container. Cut No. 5 represents an ordinary glass jar containing sterile liquid green soap. A rubber tube is attached to this, passes through the clamp, and hangs over the wash bowl or sink as is represented here. By pressing on the foot piece the amount of soap desired is poured on to the hands and no inconvenience is noticed. One of these soap containers is placed at every wash bowl and sink, and would be very convenient and cleanly for use in our offices as well as in a hospital. I would like to mention a number of other observations along the line of accuracy, and especially some investigations I have made pertain-

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ing to the use of rubber gloves and a method of sterilizing them, but I have already intruded upon your time and patience. In conclusion, I wish to state that I believe the surgeon who carelessly deals in the lives of human beings and neglects points in technique which are vital, simply because they are troublesome or expensive, is no less guilty than the engineer who carelessly dashes human beings into eternity by neglecting orders, or the sleeping sentry who sacrifices his army. Therefore, let us not be content with any technique which is in our opinion short of the best obtainable. Bear in mind the important part of our work which must be done automatically and by habit; that habits are in reality paths in the nervous system which can never be obliterated; that only one method of doing the same thing can be learned at the same time; that the first habit which is learned is more likely to make a deep channel in the nervous system than any which is learned afterwards; that habits learned after the first tend to blurr the original one and make it less likely to be accurate; that the habit channel is made deeper every time an act is performed in the same manner. Last voluntary acts should be supplemented by appliances of precision which will make as much of our work automatic as is possible, thus avoiding confusion and inaccuracy.

Removal of Lanugo and Hairs.

A subscriber asks for a safe method (not electrolysis) of permanently removing superfluous hair, especially lanugo of the upper lip of girls.

There is no method of permanently removing other than by electrolysis. This should not be attempted in such cases as mentioned above. A growth of coarse hair will recur even after electrolysis.—Jour. Amer. Med. Asso.

Treatment of the Umbilical Cord.

Dr. A. H. Longstreet, of Brooklyn, states in the New York Med. Jour., that if there should be some inflammation or irritation of the umbilicus, either before or after the cord drops, or if the parts keep moist, to apply the following:

℞ Pulv. acidi salicylici, ʒ j.
Amyli, ℥ j.

M. Sig. Bathe the part and dry thoroughly and apply as a dusting powder.—Jour. A. M. A.

Exercise in Tuberculosis.

Parker Murphy (Albany Med. Annals) instructs his patients to breathe deeply, and, when the fever declines, to perform extension movements, slowly raising the arms to the horizontal, then over the head until the hands meet, at the same time slowly and deeply inspiring and expiring. All the exercises to increase the lung cavity must be coincident with deep breathing. The importance of expanding and revivifying as soon as possible a lung the nutrition of which is depressed can hardly be over-estimated.—Med. News.

Tonsillitis.

Dr. Cheveller, in Klin. Ther. Woch., states that he treats all kinds of tonsillitis with the following gargle:

℞ Sodii salicylatis, ʒ ij.
Aq. menth. pip., q. s. ad ℥ vj.

M. Sig. Use as a gargle several times a day.—Jour. A. M. A.

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DISINFECTION OF DWELLINGS AFTER CONTAGIOUS DISEASES

By GEORGE W. LIBBY, M. D.
Spokane, Washington

Read Before the Washington State Medical Society, Held at Tacoma, Washington June, 1902

No question of sanitary science has more important and practical bearing in the control of epidemics; yet the knowledge of the laity upon this question is most vague, and instructions given by the attending physician to persons not under supervision of city boards of health is often lax and indefinite, sometimes consisting in the simple order to burn sulphur. Two incidents show how such orders may be carried out. The first, a teacher in one of the city schools of Spokane, from whose room a case of diphtheria had been taken reported to the city health officer that she had made a thorough fumigation of the room. Asked how the fumigation had been accomplished, stated that as much as a teaspoonful of sulphur flour had been carried upon a shovel of burning coals about the room by herself. This room contained not less than twelve thousand feet of space.

The other incident illustrates how a trained nurse may overdo the fumigation act. This nurse was sent from Spokane to care for a case of diphtheria in the country. The child died. And while the family were at the cemetery the nurse disinfected the room in which the child died, by lighting a sulphur candle and placing it on the top of a wooden bureau. She then left the room and closed the door. In due time the burning sulphur ignited the bureau, and before any furniture could be removed the house burned to the ground. Before return of the family all Klebs-Loeffler bacilli were destroyed.

The time-honored method of fumigation with sulphur dioxide generated by burning sulphur in a moist atmosphere, has, during the last six or seven years, been discarded in house fumigation, for formaldehyd gas, which is undoubtedly the better agent for the destruction of micro-organisms. Where, as in yellow fever, it is sought to kill the insect carriers of the disease, the mosquitos, sulphur dioxide is superior to formaldehyd.

The power of S O 2 to destroy contagion was recognized and made use of long before bacteriological research had demonstrated the germ origin of contagious diseases.

It is an established fact that infected rooms may be completely disinfected by fumes of burning sulphur when properly used in sufficient quantity.

It has been shown that neither sulphur dioxide nor formaldehyd has any great penetrating power,

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and they produce little more than surface disinfection. Fortunately, bacteria have no greater penetrating power, except in their normal habitat, the living tissue. And we have no reason to believe that infection of clothing and furniture is more than surface infection. Even bedding soiled by fecal matter is but superficially soiled; and though urine may penetrate deeply, it is extremely doubtful if it carries active pathogenic bacteria.

The Bulletin of the Hygenic Laboratory, U. S. Marine Hospital, 1902, contains a report, by Acting Director Geddings, upon sulphur dioxide as a germicidal agent. His experiments show that in an atmosphere with a per centage of 4.25 sulphur dioxide, after sixteen hours exposure, cultures of anthrax, cholera, colon-bacillus, diphtheria, icteroids and plague, were killed, having been placed on a shelf enclosed in an envelope. Placed under a carpet in the same room for the same time, all except anthrax were killed. Enveloped in four layers of blankets anthrax, typhoid and icteriods grew; cholera, colon, diphtheria and plague were killed.

According to Geddings' estimate, five and a fourth pounds sulphur burned in one thousand cubic feet of space produces an atmosphere of five per cent. sulphur dioxide.

Whenever sulphur is used for fumigation it should be burned in iron pots or pans, these being placed in metallic tubs containing water. And when not in the form of prepared candles, the sulphur should be well saturated with alcohol, 5¼ pounds of sulphur to every thousand feet of space. All cracks in the room should be sealed, and the room left closed from eight to sixteen hours.

The disadvantages of sulphur are, its bleaching property, its destructive action upon fabrics, and its property to tarnish metal; also the danger attending burning sulphur in a closed room. Formaldehyd has not these disadvantages. It does not affect metals, or coloring matter of drapery and wall paper (except lighter shades of violet and red) and the texture of fabrics are not injured by it.

Both experiment and practical use have demonstrated its efficacy in disinfecting rooms infected with diphtheria, scarlet fever, typhoid, tuberculosis, and all other infectious germs.

The spray of a 1 to 2000 solution sterilizes a culture diphtheria bacillus. (Alleger, Lancet.)

One to 125,000 kills anthrax bacilli. And 1 to 50,000 prevents development of typhus bacillus. (Bird, American Jour. Pharm.)

Walter makes the following conclusions, based upon exhaustive experiments:

1. Formalin, in strength of 1 to 10,000, arrests the growth of germs of anthrax, cholera, diphtheria, typhoid fever and staphylo-coccus pyogenes aureus.

2. In gaseous form it arrests growth even when greatly diluted.

3. In a 1 per cent. solution it kills cultures of pathogenic germs in an hour.

4. In a 3 per cent. solution, especially with the addition of alcohol, the hands may be freed from all germs.

Practical use of this agent in disinfection of rooms confirms the results of experiment and demonstrates that it is not difficult or expensive to secure thorough fumigation of rooms infected with contagious diseases.

Report of Board of Health of Utica, N. Y., for 1900, shows that

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during the year 419 houses were fumigated with formaldehyd, with but two cases of recurrence of any contagious disease. Dr. Potter, ex-Health Officer of Spokane, states that during three years of its use, covering an epidemic of smallpox, there was no record of recurrence of any contagious disease, where stage of incubation did not extend prior to time of fumigation. Many results similar to the above have led to its general use for municipal disinfection.

The principle of its production was at first by burning wood alcohol in contact with platinum wire, which required expensive lamps and developed an uncertain amount of formaldehyd gas. The liberation of the gas by heat applied to the pastiles of solidified formaldehyd (pariform) by Schering's lamp, has the same objection as the burning of wood alcohol; the method is expensive and uncertain, for the lamp must be left burning in the room, and cannot be observed while in operation. The method of Novy, evaporation of a 40 per cent. solution by means of a blast lamp, vapor delivered through the keyhole, through a tube from a still, has the advantage over the former method in that the apparatus is kept under observation of the operator, who by the amount of solution vaporized can accurately estimate the quantity of gas used. The objections to this method are, some skill is required in its application, and the apparatus frequently gets out of order by the tube becoming plugged with pariform, obstructing the flow of gas.

Disinfection with formaldehyd can be accomplished effectually by less expensive methods than any of the foregoing, and without a skilled operator. The solution rapidly gives up its gas, especially when upon sheets in fine dr ps. Any means of rapidly spraying a 40 per cent. solution upon sheets suspended in the room will produce the required result. This is known as the Chicago method. Dr. Reynolds, Commissioner of Health of the city of Chicago, stated that after testing almost every apparatus that has been on the market for two years, the department found that the most satisfactory source from which to obtain gas is from the forty per cent. solution, known commercially as formalin, which method has been in use since 1898. The special apparatus used by the Chicago, and many other city boards, is known as Dr. Behm's Formaldehyd Sprinkler, manufactured by J. H. Rhodes & Co., Chicago. It consists of an atomizer which throws a coarse spray rapidly from a nozzle resembling that of a garden watering pot. All cracks around windows and doors must be sealed with strips of wet or gummed paper to prevent escape of gas. Sheets are suspended by one edge. One sheet for every one thousand cubic feet of space, five ounces of the solution sprayed upon each sheet. The operator has no more than time to do this spraying before the gas renders the air irritating to the respiratory organs. The room should be left closed at least five hours.

Whatever method of disinfection is employed, care must be taken that the patient be not a carrier of contagion. Before the patient is taken from the room, a thorough tub bath should be given, special care being given to cleansing the hair; then, with a blanket wrapped about him, he should be taken to an adjoining room and dressed

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throughout with clothing which has not been infected. All clothing used by the patient during sickness, with such bedding as it is possible to wash, should be soaked in a 1 to 2000 bichloride solution or a two per cent. formalin solution, then washed and boiled. Such bedding or clothing as cannot be washed should be spread out upon the furniture before beginning fumigation. To repaper and paint a room might add safety if fumigation had been imperfect, but it is not necessary when all the details of thorough fumigation have been observed.

Hemorrhoids.

J. P. Tuttle, as noted in Amer. Med., believes that in many acute cases of internal hemorrhoids, local and general measures should be resorted to rather than operative procedures. Cold water enemas once or twice a day are of great benefit in order to produce an easy movement of the bowels and to contract to some extent the blood vessels. Injections of mild non-irritating astringents, such as the fluid extract of krameria, fluid extract of hamamelis, or fluid extract pinus canadensis, will have a very soothing and curative influence. Suppositories of ichthyol, tannic acid and belladonna are of great benefit, especially if there is an eroded condition of the parts. Resinous cathartics, such as podophyllin, aloin, gamboge, etc., irritate the parts and should not be used. Small doses of saline laxatives, especially sodium phosphate, before breakfast, followed after breakfast by a cold enema, will have a splendid effect upon the liver, intestine and hemorrhoids.—Jour. Amer. Med. Asso.

To Keep Cocaine.

℞ Cocainae hydrochl., gr. iv.
Acidi salicylici, gr. ss.
Aq. dest., ʒ iij.
—Jour. de Med. de Paris.

Subcutaneous Injections of Gelatin for Hematuria.

Gossner, of Konigsberg, as noted in the British Med. Jour., records the cure of a case of hematuria by first administering tannin, lead acetate, ergotin, etc., but without any effect on the bleeding. Gelatin was then tried as a subcutaneous injection into the tissues of the thorax, the preparation being carefully sterilized and warmed and 200 cubic centimeters being injected. Severe pain, headache, vertigo and general restlessness followed, which, however, soon subsided and the next day the hematuria still showed absence of blood. Therefore the cure was regarded complete. —Jour. Amer. Med. Asso.

Aphthae.

℞ Potassii chloratis, ʒ ij.
Tinct. myrrhae, fl. ʒ iv.
Listerinae, fl. ℥ ij.
Aq., q. s. ad fl. ℥ v. j.
M. Sig. Use as a mouth wash.

Indication.—Allays pain after little blisters have broken.

℞ Tinct. benzoini compositae, fl. ʒ ij.
Listerinae, fl. ℥ j.
Aq. camphorae, q. s. ad fl. ʒ vj.
M. Sig. Use freely as a mouth wash every two or three hours.—Ex.

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THE MELANCHOLIC MAN

By HENRY WALDO COE, M.D.
Portland, Oregon
Medical Director Mt. Tabor Nervous Sanitarium; Neurologist to Multnomah County Hospital; Consulting Alienist Oregon State Insane Asylum; Consulting Neurologist Washington State School for Defective Youths; Etc.

Read Before the Washington State Medical Society, Held at Tacoma, Washington, June, 1902

From the time of the first cry of the new-born babe to that of the drivelling paralytic wail of senility, hunger and tears go most often hand in hand.

The underfed man is handicapped in the contest, and the starving race lacks not only strength but courage.

Starvation and introspection are twins.

Polonius describes to the murderous Claudius the course and character of the malady of the melancholy Dane as beginning with:

"A sadness, then into a fast,
Thence to a watch, thence into a weakness,
Thence to a lightness, and, by this declension,
Into the madness wherein now he raves."

"Your noble son is mad;
Mad, call I it,—for to define true madness,
What is't but to be nothing else but mad?"

Sadness leading up to despondency but through fasting—a case of tears and hunger producing a condition characterized by that soliloquy which alone would immortalize Shakespeare, where he makes Hamlet in part say:

"To be or not to be, that is the question;
Whether it is nobler in the mind to suffer
The stings and arrows of outrageous fortune,
Or to take arms against the sea of troubles,
And by opposing, end them? To die, to sleep;
No more; and by a sleep to say we end
The heart-ache and the thousand natural shocks
That flesh is heir to. To die, to sleep;
To sleep, perchance to dream; aye there's the rub;
For in that sleep of death what dreams may come,
When we have shuffled off this mortal coil,
Must give us pause—there's the respect
That makes calamity of so long life.
* * * *
That dread of something after death,
The undiscovered country from whose bourn
No traveler returns, puzzles the will
And makes us rather bear those ills we have
Than fly to others that we know not of."

The brute whose belly is comfortably digesting a satisfactory meal, if not interfered with, is harmless. The hungry man, who is a brute, is a dangerous individual to the community, and should

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not be considered in discussing the man of mind.

The mind of man is higher and better than his passions, and his mind's aspirations are upon a nobler plane of ethics than are the longings of his instincts. Instinct says: take whatever is available for nourishment, warmth, rest and pleasure for the moment. The mind of man, whether such suggestions are acted upon or not, calls attention to higher ethics and the moral rights of one's neighbors. The ethical man who is an hungered may think better. If always starving, he thinks moodily.

Cassius was of the brute. It was not of the sparely built Roman of whom Cæsar spoke. A slender build and a frail body is more often indicative of healthfulness than the plethoric. What Cæsar did say was:

"Yond Cassius has a lean and *hungry* look. He thinks too much. Such men are dangerous."

Shakespeare elsewhere tells us, not of a thin-visaged rogue, but of

"A hungry lean-faced villain."

The introspecting individual, comparing personal acts with ethics in the abstract; putting what the world expects in his sphere of usefulness, or what higher morality inculcates, against what he is able to accomplish while partly led by his instincts, finds much for which to criticise himself. In business he is not possessed by that diligence which he feels should be a part of himself, and more often this is a leading theme of his brooding spirit. If disaster has overtaken his worldy affairs, it has been from preventable reasons and personal misfortune. If his family matters, wife, children or relatives have brought him sorrow or disgrace, he sees his own hand throughout the whole affair. If his soul is troubled with the things beyond, he is the most miserable of sinners. Either these phases trouble him, or he reasons every distressing circumstance as planned by others to make him miserable, and he argues that misery and ruin are to come out of everything with which he is associated. If of an intensely religious temperament he aspires to sainthood.

Of the lower Hindus and Chinese there are today in number, hundreds of millions, and these races have been hungry for a thousand years! In Bengal alone, Stoddard, in his Travels, tells us that there are nine millions of people who are at all times hungry. In 1875, he says, five millions died from actual starvation. As a type of the melancholic, but perfectly sane, man, let me point out to you these dolorous inhabitants of Asia. Outside of the higher classes, did you ever see a picture of these people in their native state in which the face did not show dejection personified? Take any Chinese of this class who has spent half of his adult life in the Flowery Kingdom, even if he be at present in comfortable circumstances in this country, and try to make him smile! Introspection and a regard for laws make these people deeply religious in the beliefs of their ancestors. Hunger brings this study of self. They are not sufferers from indigestion but *non-digestion.*

It is not the prosperous, well-fed merchants of India who make up the horde of a million or two of fanatics which annually perishes in its terrible journey to the sacred river of the Ganges. The very

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poorest make up this company, journeying, often for a thousand miles, barefooted, sore and penniless. Hungry when at home, hungry upon the journey, hungry at its completion, whether dying en route or upon the sacred sands; introspective, religious, self-abnegate and always hungry and largely because of hunger, religious.

In times of national calamity, poverty and distress, religion always most flourishes. Hunger is at work and makes men more virtuous, although the brutish will become more the brute. The church of every denomination, creed and kind admits the value of fasting. Some wisely demand it when the individual is to ponder over his misdeeds, for the fathers knew that the man whose processes of digestion are pleasantly in operation would see little in himself for which to truly feel sorry.

The Redeemer, when he would purge himself of frailties of human nature for earth's betterment, for forty days and nights ate not at all.

"He was a man of sorrows
And acquainted with grief."

The man who is hungry is more likely to put himself in a position for introspection and brooding. It is after the banquet is well along that man feels most sociable towards his neighbors of the feast. I believe that we oft times give to the wine a credit for conviviality which is due to the dinner proper. I remember to have seen on several occasions pleasant functions of this kind where the wine, in kind and quantity, was but a very minor item, or was not employed at all. Between a feast of food without wine or a bout of alcohol without food, if we must have either, I opine that the former would make for better things in every way. That feeling of fullness under the vest is more witsome, I believe, than the alcoholic exhilarated fullness of the fore-brain.

There is a physiologic reason for the disposition of the hungry man to retire to himself and to cogitate with himself within the labyrinths and crannies of his own mental castle. Dr. Henry Head, in a paper entitled, "Certain Mental Changes that Accompany Visceral Disease," reminds us that the vegetative nervous apparatus is the oldest and is *yet* the most segmental of all. A wounded animal will instinctively hide itself, that it may escape death at the hands of its fellows. The same impulse, and related to visceral functions, operating when the sense of ill-being from the digestive conditions existing in hunger are presented to the central field of consciousness makes man, when hungry plan for seclusion. This seclusion, if normal, should be for the purpose of planning for food or for the conservation of strength and energy. Abnormal, it becomes, when vitiated cerebration draws the instinct away from its physiological leadings. Dr. Head has pointed out that some sane persons suffering from certain visceral conditions may develop hallucinations of sight, hearing and smell.

This paper is not written to describe melancholia, whether understood to be a specific mental disease, or as merely a symptom of the complex-mano-depressant insanity, nor to study neurasthenia or the hydra-headed hysteria, but to call attention to that very common condition which we all meet.

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in which the individual, either sane, a border liner, or insane, but generally of one of the two former classes, experiences states of depression covered by the term melancholy, and to point out the view that in most of these states the underlying factor is one of starvation. The claim is not advanced that starvation is the only cause of this condition, but I do believe that physiologic hunger, the wearied cry of the tissues for food, is by all odds the most frequent causative factor in making melancholy for the man. Heredity is, doubtless, the great predisposing cause for nervous symptoms of depression, but a well-fed neurotic is comparatively safe.

By the hungry man, I mean of course, the poorly nourished. It is not the quantity taken into the stomach, but the quantity and quality absorbed by the tissues which counts. The individual may eat too much and his stomach rebel against food altogether; for we sometimes find a glutton suffering from marked starvation. Again, the emunctories may be acting badly and the tissues be poisoned from retained excrementitious matter, so that assimilation does not take place. The hungry man I am describing is he who is poorly nourished. A sufferer from a mal process of nutrition.

We have at Mt. Tabor at this time a man who was formerly an example of the well-nourished starvling. He ate enormously, and the curtailment of his diet was necessary. With a proper and normal amount of food given, all is digested and assimilated, and the patient feels that sense of well-being which he formerly did not experience while eating food in such large quantities. As an example of what vapory subjects may be rendered into form for purposes of sorrow, this case is a fair example. This gentleman, who is a business man, cried very much in his early weeks, and the quantity of his lachrymal secretions would give one an idea that his lachrymal glands must have been many times the ordinary size. In the midst of his tears he would reply to the inquiry to their cause, "Oh, if I could only worry," and this a dozen times daily. When told that he had the characteristics of one who was having no difficulty in producing a state of worryment, he would reply that he cried because he could not worry, that he *should* grieve about being away from his business and his family, but this isolation caused him no discomfort, whereupon he would renew his tears and the exclamations, "Oh, if I could only worry."

Overwork is often given as a factor in melancholic states. The greatest danger to the worker is that he will not take sufficient exercise; will not eat proper food; will not allow the processes of digestion and assimilation to be carried out completely; will not pay appropriate attention to his emunctories; will not take sufficient sleep. If such imperfections are guarded against, little danger is to be apprehended from work, physical or mental. If work becomes more irksome and laborious than the system can bear, the individual will usually have warning in digestive disorders or by trouble in sleeping. He should then call a halt before the processes of digestion and metabolism have become so impaired that his body shall become illy supplied with appropriate pabulum for normal work. If he does

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not now beware he will in due time join the grand army of those who grumble or weep, a mal nourished man. Many of these workers become our most distressing patients. They not only worry themselves, but their families and the doctors, and the family physician is often happy when he can send them away from home, sometimes influenced in so doing as much to be relieved of their care as by the hope that removal from their usual haunts of visceral and mental distress will help to work a cure in such cases.

Let any man take upon himself a burden of from fifty to one hundred pounds, and no matter how well this may be distributed about his body, he will need more food fuel to keep up his vitality than the fellow who works at his side without such a load, whether such burden shall be a miner's outfit upon the back, carried all day over the mountain side, or excessive adipose tissue clogging the heart and every vital operation in an office or about town. How foolish, then, to advise the corpulent to cut his diet below the average, although laudably intended to reduce the weight. The man with the adipose burden, like the man with the hoe, needs more and better food than his willowy or less burdened companion, although this food may need to be carefully selected, while not restricted as a whole.

The corpulent are inclined to a low diet, and this is especially so with woman. Many a plump, well-formed woman apparently over-nourished, applies to you for medical care while suffering from various symptoms associated with marked depression, in which, if careful inquiry be made, and especially if the food taken be analyzed and weighed for a few days, it will be demonstrated to your entire satisfaction that *embonpoint* may be associated with decided mal-nutrition. From fixed habits of diet long maintained upon a lowered scale, many of these cases require very persistent medical care, and your best efforts and patience will oft times be sorely taxed in inculcating not only new habits of diet, but new constitutional habits as to metabolic activity, in which you will often find massage, electricity and electro-theraphy of decided advantage.

To sum up this brief paper, then, I will say that if the Melancholic Man recounts to us his woes, while neglecting nothing else, let us study above all his digestive operations. If he be one of those special diet fiends, whether vegetable, meat or other fad be his hobby, let us endeavor to break off this folly at once. If he be one who has cut out one article of food after another until a diet of a baby is all that he has left, we should cautiously but persistently enlarge his regimen to more generous proportions. I would trust him to do business for me with a full stomach, although with a furred tongue, rather than with a clean tongue, kept so because only a little weak gruel had occasionally been allowed to filter through his delapidated alimentary apparatus.

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MEDICAL SOCIETIES

The City and County Medical Society.

The regular meeting of the City and County Medical Society was held at Portland, Oregon, April 16, 1902. President Dr. Harry Lane, presiding. Present: Drs. Binswanger, Coe, Coffey, Crockett, H. C. Fenton, Geary, Gilbert, A. H. Johnson, Marsh, Pettit, Skene, Smith and Wheeler. Visitors: Drs. Cardwell, Smith of Medical Lake and Numbers of city.

The application of Dr. Mae Cardwell for membership was read and referred to the Board of Councillors.

The paper of the evening, "The Administration of Saline Solution," was read by Dr. Robt. C. Coffey. It was shown that in recent years chloride of sodium has become one of the most common and effective therapeutic agents. The literature on the subject has become very extensive. Reference was made to the scientific basis as suggested by the experimental work of Dr. Loeb, of Chicago, as well as other investigators, indicating the many conditions in which it could be practically applied. After giving some details of the many conditions and diseases wherein chloride of sodium is used, as well as a brief summary of the historical aspect of the question, it was said that the ordinary method of administration as now practiced is rather crude and inaccurate, particularly as regards its temperature. Some authorities recommend a temperature of 115 to 120 degrees at the tissues; others, 105 to 120. It was explained that all agree the solution should be above the normal body temperature. For the last two years the doctor stated that he had, by the aid of a crude apparatus, discovered that the factors governing the temperature were many and varied, depending upon the size of the tube, its length, temperature of the room and size of the needle, the latter perhaps the most important of all. The heat loss of the circulating fluid from the jar to the needle in a tube six feet long may vary from two degrees to forty. Excessive heat produces sloughing of the tissues and excess of cold necessarily produces more harm than good. The doctor showed the apparatus which he now uses in administering the solution, which consists simply of two enclosed thermometers, one in the jar, showing the temperature of the solution and one quite close to the needle showing the temperature at that situation; attached to the above was a three way stop-cock arranged in such a manner that the solution in the jar could be emptied at any time by adjusting the stop-cock, thus enabling the water, which may have cooled in the jar, to be discharged without withdrawing the needle from the tissue. The doctor explained his apparatus, and gave details of the work which led up to its device.

Dr. Andrew C. Smith, in opening the discussion, said that the paper of the evening was a creditable piece of original work on a very practical subject, presented in a forceful manner and calculated to arouse interest. Of the uses of saline solution in medical cases he had had no great experience, save in obstetrical cases and hemorrhage, but had used it largely in surgical conditions, such as shock and other post-operative con-

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ditions, and his experience has convinced him that at the present time it is the greatest surgical stimulant of today, much greater than strychnine or alcohol. He said that his attention was first directed to its virtues by witnessing, at Howard Kelly's Clinic, the recovery of a patient from very great shock so marked that recovery appeared to be too much to expect. Saline solution was administered arterially, and to his surprise the patient revived, and he saw the same case months afterward. This had so impressed him that upon his return to this city he reported it in this society, and has used it ever since in the most unpromising cases with success. He also recalled the fact that the subject was brought before the society by Dr. F. Cauthorn, in a carefully prepared paper, some years ago. Now saline solution is extensively used, and Dr. Coffey has directed attention to a very important point, namely, temperature. Recently he had been in the habit of placing the coils of the tube in hot water with a thermometer, but the device shown by Coffey was very practical.

Dr. C. H. Wheeler said that the apparatus on view was very ingenious. Of the use of saline solution in infantile diarrhea he could not speak too highly, and does not know of any remedy to equal it in such cases.

Dr. J. A. Pettit said that he had used saline solution very successfully in pneumonia.

Dr. J. A. Gilbert discussed the contra indications in coma.

Dr. H. W. Coe complimented the writer of the paper, and discussed some of the experimental details.

Dr. E. P. Geary said that the paper interested him greatly, and referred to the Schott method of treating heart lesions wherein such marked benefit resulted from the saline baths.

Dr. O. S. Binswanger said that he thought all agree that the administration of saline solution is very effective when dangerous conditions are met with, but, so far as he knew, no experiments had yet demonstrated what was the best temperature to use in order to do the most good.

Dr. E. N. Crockett said the paper just read was most interesting to him. During his hospital experience he had seen very hot water used in the abdominal cavity, and had never seen any harm resulting therefrom. The suggestion to use saline solution in pneumonia was, he thought, a very happy one.

Dr. R. J. Marsh said that he had given transfusion, and had often observed that if the fluid was either too hot or too cold much harm was done, heat causing sloughing and cold depression.

Dr. Andrew C. Smith said that Dr. Marsh's suggestion was a very likely explanation of the cases of sloughing which he reported before the society many months ago.

Dr. Coffey, in closing the discussion, thanked the members for the kind and appreciative way his paper had been discussed. The value of chloride of sodium solution was demonstrated by the laboratory experience with animals, that they can be resuscitated by saline solution and not by pure water. He reminded the meeting that Dr. Andrew C. Smith was the first to use saline solution into the ovarian vein on the operating table.

Dr. A. C. Smith reported a successful case of goitre operated upon by Kocher's method of local anaesthesia.

Dr. J. A. Gilbert reported a case of double personality. The patient had fallen from a barge and was taken

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to the Marine Hospital ward under the care of Dr. Cobb. After partial recovery, it was found that he had no recollection of the weeks immediately following the accident. In order to fill in this lapse of memory he was hypnotized, and under hypnosis gave a complete story in detail of the facts during the lapse of memory. Double personality was not suspected until he came out from under the hypnotic influence. Then he was a complete stranger to his surroundings, thought it was September, 1898, and also thought he was in Glenrock, Wyoming. Double personality was verified. Gaps in his life still existed, which gave marked evidence of a third personality, but as yet no absolute proof was given. A more complete report will be given in a subsequent meeting.

After some private business had been transacted, the meeting adjourned.

A. D. MACKENZIE, M. D.,
Secretary.

Medical Club of Portland, Oregon.

The regular meeting of the Medical Club was held Tuesday evening, July 8th.

Meeting called to order by President Dr. Sara Hill.

Minutes of previous meeting read and approved.

This being the regular meeting for the annual election of officers, the club elected the following members for the ensuing year: President, Dr. Amelia Zeigler; Vice-President, Dr. Jessie McGavin; Treasurer, Dr. Kittie Gray; Secretary, Dr. Ethel Gray.

Dr. Edna Timms then read the paper of the evening, entitled "Local Treatment in Minor Gynaecology," which was, in part, as follows:

In displacements, the retroversion and retroflexion are the most common—you must first determine the cause. It may be due to a shortening of the anterior vaginal wall or bands in the connective tissue between the cervix and bladder, pulling the cervix forward, due usually to laceration of the cervix. Perimetritic adhesions between the fundus and rectum, shrinking of the folds of Douglas, or lax sacro-uterine ligaments. Distension of the bladder produces the usual retroversion, but the lax ligaments cannot perform their normal function, which is to draw the cervix back again, thus failure to reestablish the anteversion. The diagnosis is made by bimanual palpation. Be careful not to mistake an extra-uterine pregnancy or a pyosalpinx for a retroversion. The treatment consists in the replacement of the uterus and its retention in the normal position. Remember that the uterus cannot be replaced by pessaries. The first method, which is Bimanual, consists in pushing up the fundus with one or two fingers in posterior fornix. The external hand being pushed over the fundus to the posterior surface of the uterus, which is then drawn forward. As soon as this is accomplished, the fingers of the other hand are withdrawn from the posterior fornix and passed into the anterior and used to push the cervix backward. This method requires much practice, and explains why many renounce the idea of replacing a retroflexed uterus. This method may be easier accomplished by using the volsella to draw down the cervix and then proceed as above. A practical point is that replacement may absolutely fail at the first attempt and a few days afterward succeed without difficulty. So rather than use force, it is better to order hot vaginal douches to relax the adhesions and repeat the manipulation when the patient returns in a few

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days. One finds usually that a case which was irreducible before is also irreducible under anaesthesia. Some cases are aided by the knee-chest position, but is disagreeable for the patient. Next the replaced uterus must be retained in the normal position. The most usual practice consists in the use of the pessary. By treatment with pessaries a permanent cure may be obtained in varying periods of time. That is the uterus retains its normal position without a pessary. Continuous supervision by the physician is required for the safe practice of pessary treatment. Since this is disagreeable to the patient and pessary treatment is impossible with a fixed uterus attempts have been made to cure retroflexion in other ways. The non operative method is that of Thure Brandt and consists in daily elevations of the replaced uterus. To use this with success one must have seen and practiced the method under a trained physician. It is undoubted that this method has cured permanently many cases. Having myself seen many cases treated in this way during the past year and with the most satisfactory results. A disadvantage is the often times long duration of the daily treatment. In America massage has not met with much success and is not considered seriously by the average physician, while at the same time you will find it actually the routine treatment prescribed for many chronic gential diseases in the representative European clinics. Thure Brandt a Swedish gentleman, was the first person to teach this method of treatment and no less an authority than Prof. Shanta, of Vienna, had his book translated from the Swedish into German and teaches it in his clinics to-day. I think some of the reasons why Pelvic massage has not met with greater success in America are that the modern Gynaecologist is an abdominal surgeon and that because of his trend in this dircetion massage has been kept in the back ground. That the physicians have had little personal instruction and the amount of practice too limited. While in this as in all other things "practice makes perfect." The theory or fundamental principle of gynaecologied massage is simple. Congestions and inflammatoy thickenings are to be overcome by manipulations while adhesions are to be stretched. The contra indications are to use Brandt's own words "Pus and Cancers." By "Pus" he means all local infectious diseases including gonorrhoea, tuberculosis and sepsis and by "'Cancer" any new formation whatever. There are many conditions where massage is indicated which might be mentioned and techinque given for each application, but I will mention only one or two of the most important. Chronic Parametritis is a condition peculiarly amenable to massage. Besides the manipulations to cause absorption of exudates, the contracting bands are to be stretched. Always remember to combine other methods of treatment with massage as: Ichthyol tampons, douches, pessaries, etc. Next in order of importance are retrodisplacements and it was in these cases that I was personally so thoroughly impressed with the value of this method of treatment. I believe that if properly employed, every case of retro-displacement, where on examination the adhesions binding down the uterus are not so firm but that that organ is movable, can be overcome and not only be replaced but in time remain in place without the aid of anything other than the ligaments provided by nature. Massage should not be used in all cases but should form a portion of gynaecological therapy and if properly and faithfully applied the results

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will be such that it will do much to offset the belief prevalent in many localities that massage is a mere phase of "Faith Cure."

All members present entered freely in the discussion of the paper and aproved of the doctor's method of treatment.

Meeting adjourned to meet the second Tuesday evening in October to begin their third year of work.

AMELIA ZIEGLER, M. D.
Secretary.

Thirteenth Annual Meeting of Washington State Medical Society. In Chamber of Commerce Building, Tacoma.

Afternoon Session, June 24, 1902.

Meeting called to order, the President, J. W. Bean, of Ellensburg, in the chair.

An address of welcome was made by Mayor Campbell, and suitably responded to by Dr. Kibbe, of Seattle.

Paper, "A Case of Prolonged Ectopic Gestation," by J. B. Eagleson, of Seattle.

Discussion. E. M. Brown, of Tacoma, thought that ectopic gestation was present more often than supposed. Mentioned three cases within a year in which he made exploratory incisions, not being able to make a diagnosis.

B. McMonagle, of San Francisco, had not a case similar to Dr. Eagleson's; cited a few cases where patients recovered following suppuration; cited also a case with a history of abortion, diagnosis puncture of uterus, opened abdomen and found ectopic pregnancy. Recommends repeated examinations under ether if necessary. A boring pain in region of ovaries or tubes without rise of temperature is strong presumptive evidence. Operation before rupture is safe procedure. In others removes contents of sac, packs wound, and removes placenta at a later date.

Wm. Jones, of Portland, thinks diagnosis often obscure; cited a case.

Paper, "The Melancholic Man," Henry Waldo Coe, Portland.

Discussion. N. F. Essig, Spokane, agreed with the writer that nutrition is important; tissue metabolism must be considered. The amount taken in is of no account, but the amount assimilated.

Paper, "Some Unusual Forms of Tertiary Syphilis," John S. Klober, Hot Springs.

Discussion. N. F. Essig: Mixed treatment might have given better results. In doubtful cases most men resort to mercury. Tertiary is rather a sequel than a part of disease proper; character is so changed that it almost constitutes a new disease, and ceases to be infectious. Elimination favors use of iodide; thermal waters assist.

Henry W. Cardwell, Portland: The laudation of hot springs in many cases becomes almost criminal. In late state, while disease may not be infectious, it may be transmissible.

A. Barkan, San Francisco: The eye is the mirror of the soul, also the mirror of syphilis. I have longed for a distinction between secondary and tertiary forms. A fleshy woman becomes married; six months after a subconjunctional gumma appears, in the other eye a superficial corneal opacity; then gummata, involving deeper structures, later involving skin and bone. The case was very clear. I used mercurial inunctions, one and a half drachm, with iodides, internally, when the gummata rapidly disappeared. The whole uveal tract may become involved. Gumma in the eye often appear very early in the disease, before other so-called secondary or tertiary symptoms are

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manifest. In the uses of iodides I find myself more often in accord with the views of Drs. Essig and Cardwell than with those of Dr. Klober.

K. A. J. Mackenzie, Portland: Have a feeble plea to make for mercury in late stages. Cases of tertiary syphilis may be damaged by iodides. Jonathan Hutchenson believes the use of iodides depends on previous use of mercury. There is much to be said in favor of this view. Cited this case: A young married woman, without history of syphilis in herself or husband, yet shows syphilides and a proneness of skin to break down. Lesions symmetrical. Had been treated with large doses of iodides, ulcerations became deeper, some fistulous. Began by mercury, with chalk and iodides, without benefit. In hospital was put on pure mercurial treatment and began to improve; took as much as twenty grains of mercury and chalk.

H. W. Cardwell, Portland: Cited a case, with cardiac murmur, rapidly got well on iodides.

N. F. Essig, Spokane: The remark by Dr. Mackenzie that the iodides are satisfactory because of previous administration of mercury I regard as almost criminal. It has for a long time been the argument of quacks and fakirs. There is no evidence of mercury ever being eliminated six months after administration.

Alice Smith, Tacoma: I have seen very quick, almost phenomenal results, from hypodermic use of the bichloride, even in cases where administration of mercurials and iodides by other methods had failed.

Paper, "Traumatic Cortical Blindness," David De Beck, Seattle.

Discussed by Drs. Jones, Portland; Kibbe, Seattle, and De Beck in closing.

Paper, "Bubonic Plague," Prof. Simon Flexner, Philadelphia.

When this disease first appeared is not known, but the doctor gave a very carefully compiled history of its career since the first records were made. He treated of the contagious part of the disease and illustrated how infection might occur. The most common and general mode of infection is through abrasions of the skin. Here the bacilli readily find entrance to the system and at once invade the body through the little scar on the skin. Death generally follows in from one to five hours, but there are known cases where the patient has lingered for several days. As the Oriental seems to suffer from the plague more than the Westerner it was formerly supposed that he was more susceptible to the infecion, but the doctor did not think this to be true, but that the sanitary condition of the Chinaman was far inferior, and this accounted for the frequency of the plague.

The rat figured very prominently in the spread of the disease, but the speaker did not feel warranted in making the assertion that the rat got the disease first and spread it to the human or the human was first and the rat suffered the consequence, but he did show how the rat could become infected with the bacilli by breathing them into the nose.

In India, where the plague rages the fiercest, the natives have a doctrine which has been handed down from time immemorial, that when the rats fall from the ceiling, jump around on the floor as if having a fit and die suddenly, it is time for mortals to be changing their boarding places, and the doctor discusses the cause of this and the extreme severity of the disease as found in India from a statistical standpoint. Out of

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some 9,000 cases of bubonic plague the mortality was about 68 per cent., and of other plagues it ran up as high as 96 per cent. As to the insect which transmits the bacillus of the bubos, the common flea is the most dangerous. Others do not seem to have this power.

The discussion which followed the reading of this paper was led by Dr. Foster, of the U. S. M. H.

A. B. Kibbe, Seattle: Thought it peculiar that rats were susceptible to plague whilst immune to most other diseases. Why should Orientals be immune unless from the habit of going barefoot?

S. J. Holmes, Seattle, asked if those infected through mucous membranes are of bubonic type?

A. H. Coe, Seattle, asked if suppurating buboes are infectious after disease has been running some time?

Prof. Flexner, in closing, said: Mouth infection is pretty sure to cause bubonic type, while nose infection produces pneumonic type Suppurating buboes are due to mixed infection with pyogenic organisms. Pyogenic germs frequently destroy plague germs. There is no difference between plague bacilli in cats and human beings. There is a germ in another disease of rats similar to that of plague bacillus, which can be easily recognized by an expert, but which may be regarded as identical by those of less experience.

June 24th—Evening Session.

Professor Flexner gave a lecture on "Pathology of Diphtheria." His entire lecture was illustrated by stereoptican, and illustrated the various pahological conditions found in this disease.

June 25th—Morning Session.

Report of treasurer was read, showing a balance of nearly $300 on hand. Report referred to Drs. Essig, Libby and Sharpless.

The Committee on Constitutional Revision, consisting of Drs. Essig, Thomson, Armstrong, McKane and Eagleson, through its chairman, presented a report.

This followed on the lines of that recommended by the American Medical Association. The chief alterations consist of the abolition of House of Delegates, and District Councils and Councillors. A Judicial Committee of six and the President, ex-officio, will have most of the authority of the House of Delegates in original plan. All very important matters will be brought before the society.

One section of the by-laws provides that "School of graduation shall be no bar to membership in this society, providing the applicant does not claim to practice any exclusive system." Another section provides that the County Society shall be the sole judge of its own membership. An applicant rejected has no redress, but a member suspended or expelled may appeal to the State Society.

The report caused much discussion, but was finally adopted as read.

The President appointed as a Committee on Credentials P. W. Willis Frank M. Bell and G. C. Wagner.

The following were elected as a Nominating Committee: F. L. Catterson, Spokane; Franz H. Coe, Seattle; Chas. McCutcheon, Tacoma; Frank M. Bell, Kelso; E. E. Shaw, Walla Walla.

Paper, "Cystic Kidney, With Report of a Case," by K. A. J. Mackenzie, Portland.

Discussion. Prof. Flexner: The disease is really idiopathic similar to ovarian degeneraion; they have much in common, both macro and microscopically. There is invasion of stroma and alteration of epithel-

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ium, but why? There is no answer yet. It is congenital, and has some correlation to disease of liver and spleen.

After some remarks by Woods-Hutchinson, B. MacMonagle, of San Francisco, said: More exact diagnosis can be established by late methods, the freezing point of urine, and freezing point of blood, which is lowered when functionary power is impaired. Urine drawn must be from the kidney only.

R. C. Coffey, Portland, reported a case similar macroscopically. Instead of cystic was purulent. He opened in front, and when tumor was opened swelling did not subside. Removal showed that only one portion was opened, the remainder appeared to be pure cystic degeneration. There was no pus in the urine.

Wm. Jones, Portland: It is a question whether removal of this kidney (which was probably performing part of its functions) may not have hastened disease in opposite kidney.

The President appointed as Board of Censors: G. S. Armstrong, Frank M. Bell, F. H. Coe, E. M. Brown, Hamilton Stillson.

Paper, "Talipes Equino-Varus Congenitus," J. C. Watkins, San Francisco; was illustrated by cast and diagrams.

Paper, "Surgery in and Around the Gall Bladder and Ducts," Caspar W. Sharpless, Seattle.

Discussion. Wm. Jones, Portland: The surgical problems are not yet worked out, these operations only partially relieving the suffering. Pain returns in many cases in a few months. Cholecystenterostomy in my hands has almost always given relief. Drainage should be into transverse colon, as this does not cause digestive disturbances and is a simple operation. Where a loop of small bowel has to be drawn up, the anatomical relations become much changed.

B. McMonagle: If operations are done early the after effects are not so bad. These are surgical cases, and time should not be wasted by medical treatment.

N. F. Essig, Spokane: The failure to recognize the presence of gall-stones will account for their infrequency in the practice of many physicians; it will not be on account of their failure to be in the gall-bladder. The old idea that we must always have jaundice and biliary colic when there are stones in the gall-bladder is one of the exploded ideas. Stones may remain in the bladder for many years without giving rise to either colic or jaundice, and we may have severe pain in the region of the gall-bladder, with all kinds of stomach disturbance without gall-stones; so, also, do we have many cases of jaundice without their presence. Many cases of peri-cystitis will give rise to the former symptoms, while any form of inflammation of the common duct or some form of infection may develop the yellow discoloration. There is one point to which I desire to call attention, that a point midway betweeen the gall-bladder and umbilicus will give tenderness in gall-bladder trouble almost as certainly as McBurney's point will give evidence of appendicitis. This point should be called Robison's point.

Paper, "Method and Accuracy in Surgical Technique," R. C. Coffey, Portland, Or. Illustrated by drawings.

Paper, "Repair of Relaxed Vaginal Outlet," Beverly McMonagle, San Francisco. Illustrated by drawings and diagrams, showing details of the Emmett operation, with some modifications.

Paper, "Sources of Infection and

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CHARLES McCUTCHEON, M D.
TACOMA, WASHINGTON
PRESIDENT WASHINGTON STATE MEDICAL SOCIETY

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Methods of Prevention of Tuberculosis," Woods-Hutchinson, Portland.

June 26th—Morning Session.

Report of Nominating Committee was received and accepted. The following officers were elected:

President—Chas. McCutcheon, Tacoma.

First Vice-President—G. W. Libby, Spokane.

Second Vice-President—A. E. Stuht, Colfax.

Secretary—A. H. Coe, Spokane.

Treasurer—Jas. B. Eagleson, Seattle.

Judicial Committee—Three years: Park W. Willis, Seattle; N. Fred Essig, Spokane. Two years: Frank M. Bell, Kelso; Chas. James, Tekoa. One year: E. M. Brown, Tacoma; J. W. Bean, Ellensburg.

It was decided to hold the meeting for 1903 at Spokane, at such time as the local Committee of Arrangements decided.

F. H. Coe made a verbal report of Committee on Tuberculosis.

Fifty dollars was appropriated for prosecution of the work of this committee for the ensuing year.

The Secretary was instructed to have printed 500 copies of new constitution and by-laws, and to distribute them.

The address by the retiring President, J. W. Bean, was then read by him.

A committee, consisting of P. W. Willis, J. M. P. Chalmers and N. F. Essig, was appointed to consider recommendations of the President and to report.

Paper, "Non-Surgical Treatment of Strabismus," Hamilton Stillson, Seattle.

Paper, "Puerperal Infection," J. Clarence Webster, Chicago.

Paper, "Legal Medicine," Chas. O. Bates, Esq., Tacoma.

Discussed by Woods-Hutchinson, H. W. Coe, E. M. Brown and Mr. Bates, in closing.

Paper, "The Ideal Medical School," John M. Dodson, Chicago.

A large number of papers were not read for want of time. Three applications for membership suffered from the same cause.

June 26th—Afternoon Session.

At 3:40, fifty-seven members and visitors went to Hot Springs as guests of the local society, where an elegant dinner was enjoyed, the return to Tacoma being made next day.

This annual meeting, by reason of interesting papers, discussions, social features and attendance, was among the best the society ever had.

New members elected: Louis S. Schroeder, Edmonds; John M. T. Cooper, Waterville; Donald E. McGillivray, Freeborn S. Lewis, Port Angeles; Titus C. Briggs, Lee B. Harvey, Colville; Wm. Silvio Durand, A. J. Chisholm, Everett; Guy W. Kinnicutt, Chehalis; Jas. H. Bartley, Roslyn; Wm. C. Heussy, Seattle; L. L. Love, Tacoma; John W. Morrell, Olympia; Jas. H. Harvey, Sunnyside.

G. S. ARMSTRONG,
Acting Secretary.

A partial list of those in attendance at meeting:

Aberdeen—Geo. W. Overmeyer.
Auburn—H. C. Smith.
Chehalis—Guy W. Kennicutt.
Cheney—F. A. Pomeroy.
Colfax—A. E. Stuht.
Colville—Titus C. Briggs.
Edmonds—Louis L. Schreuder.
Ellensburg—J. W. Bean.
Enumclaw—H. H. Rust.
Everett—C. A. Betts, W. C. Cox, W. S. Durand.
Ferndale—Wm. C. Keyes.
Fort Steilacoom—J. M. Crump, C. M. Parks.
Hot Springs—John S. Kloeber.
Kalama—L. M. Sims.
Kelso—J. Ballard, Frank M. Bell.

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Mabton—J. R. Harvey.

North Yakima—R. N. Gordon.

Navy Yard, Puget Sound—C. W. Dunbar.

Olympia—J. W. Mowell.

Port Angeles—Thos. J. Appleton, Freeborn S. Lewis, Donald E. McGillivray.

Pullman—S. B. Nelson, V. S.

Puyallup—Wm. Douglas.

Roslyn—Emil Mohrman.

Seattle—E. L. Bickford, E. Bolink, F. H. Coe, L. W. Clark, David DeBeck, Jas. B. Eagleson, Fred Falk, C. B. Ford, Frank P. Gardner, J. E. Harris, Agnes B. Harrison, Isaac M. Harrison, Elmer E. Heg, Wm. C. Heussy, Carl Hoffman, Samuel J. Holmes, Geo. M. Horton, E. A. Irwin, A. B. Kibbe, Marietta Marsh, Geo. B. McCulloch, D. A. Mitchell, P. B. M. Miller, Geo. Neville, L. C. Neville, S. A. Owens, I. A. Parry, Guy S. Peterkin, Geo. H. Randall, H. M. Read, R. R. Ross, James Shannon, Caspar W. Sharples, Clarence A. Smith, C. H. Thomson, Geo. Tripp, Hamilton Stillson John Wotherspoon, Park W. Willis, K. Winslow.

Snohomish—N. S. McCready.

Spokane—G. S. Armstrong, Chas. G. Brown, Thos. L. Catterson, N. Fred Essig, Geo. W. Libby, D. C. Newman, Robt. L. Thomson.

Stanwood—Orville R. Allen.

Sumner—John Corliss, Harry L. Lum.

Tacoma—Hamilton Allen, T. J. Allen, Ivan P. Balabanoff, Carsley Balabanoff, Christo P. Balabanoff, E. M. Brown, Warren Brown, Chas. E. Case, A. H. Coleman, Thos. B. Curran, Henry W. Dewey, M. M. Dodge, M. L. Doom, J. H. Eigholz, Ella Fifield, Robert Funk, F. L. Goddard, R. A. Gove, R. H. Harrison, Grant S. Hicks, Frank R. Hill, James Keho, Claude W. Kinnear, O. W. Loughlen, L. L. Love, C. B. Martin, Fred C. Miller, W. W. Misner Thos. McCracken, Chas. McCutcheon, Geo. H. McGeer, J. J. McKone, John J. McMillan, J. B. McNerthney, Albert Osburn, Eva St. C. Osburn, A. J. Parker, L. M. Perkins, J. L. Powell, C. Quevli, A. E. Reynolds, Johann L. Rynning, T. A. Scott, F. J. Schug, Alice M. Smith, F. W. Southworth, Jas. H. Spencer, F. J. Stewart, Philip B. Swearingen, Chas. S. Tripler, E. A. Trommald, B. B. Tubbs, Geo. C. Wagner, R. D. Wilson.

Vancouver—J. M. P. Chalmers.

Walla Walla—N. G. Blalock, C. P. Gammon, E. E. Shaw.

Wilkerson—C. E. Taylor.

Portland, Or.—John M. Brooke, Herbert W. Cardwell, Mae Cardwell, Henry Waldo Coe, R. C. Coffey, Kate B. Graham, Woods-Hutchinson, William Jones, K. A. J. Mackenzie, J. P. Tamiesie.

The Dalles J. S. Giesendorfer.

San Francisco—A. Barkan, Beverly MacMonagle, Jas. T. Watkins.

Chicago—J. Clarence Webster, John M. Dodson.

Philadelphia—Simon Flexner.

Chehalis County Medical Society.

The regular meeting of the Chehalis County Medical Society was held at A. O. U. W. hall, Aberdeen, Wash., July 1, 1902, Tuesday evening.

The attendance was not large, owing to the holidays, but a very enjoyable meeting was held.

Papers were read and discussed as follows:

"Treatment of Cholera Infantum," Dr. M. L. Pearson, Aberdeen.

"Diagnosis of Abdominal Tumors," Dr. William Scamell, Aberdeen.

"Diagnosis and Treatment of Empyema of Antrum of Highmore," E. E. Lane, D. D. S., Aberdeen.

"The Relation of the Pharmacist to

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the Physician," by Geo. A. Todd, Ph. G., Aberdeen.

"Intubation," Dr. G. W. Overmeyer, Aberdeen.

At this meeting the dentists and druggists of the county were invited to participate.

J. WILLIAM SCAMELL, M. D.,
Secretary.

North Dakota State Medical Society.

About seventy-five physicians were present at this meeting, and it proved to be one of the best that has ever been held in the state. The banquet, which was held on the evening of Wednesday, the 21st, was a most enjoyable affair, and largely attended. The following officers were elected for the ensuing year:

Dr. Geo. A. Carpenter, Fargo, President.

Dr. V. H. Stickney, Dickenson, first vice-president.

Dr. W. H. M. Phillip, Hope, second vice-president.

Dr. E. C. Branch, Fargo, secretary.

Dr. J. A. Rankin, Jamestown, treasurer.

Dr. I. N. Wear, Fargo, delegate to A. M. A. meeting.

Dr. V. H. Stickney, Dickinson, alternate.

Neurasthenia With Anemia.

Dr. J. P. Miller recommends the following in the neurasthenic state accompanying disturbances of the gastro-intestinal tract:

℞ Ext. sumbul, gr. 1.
Asafetidae, gr. 2.
Mist. Blaud, gr. 3.
Acidi arsenosi, gr. 1-30.
Strychninae sulphatis, gr. 1-60.
Phosphori, gr. 1-100.

M. Sig. One such pill three or four times a day on an empty stomach.—Jour. A. M. A.

Ointment for Pruritus.

℞ Mentholi, ʒ j.
Cerat. simp., ʒ ij.
Ol. amygdal dulcis, ʒ j.
Ac. carbolici, ♏ j.
Pulv. zinci oxidi, ʒ ij.

M. Sig. Apply morning, noon and night, after cleaning the parts.—Kelsey, Ex.

Phosphate of Calcium in Scrofulosis.

Hare recommends calcium phosphate in suppurating scrofulous ulcers. Owing to its more ready solubility, he prescribes the lactophosphate of calcium in the following combination:

℞ Syr. ferri iodidi, ʒ j.
Ol. morrhuae.
Syr. calcii lactophos., aa ʒ j.
Aq. calcis, q. s. ad ʒ iv.

M. Sig. Shake well and take from two to three teaspoonfuls after each meal.—Jour. A. M. A.

Cough in Phthisis.

℞ Codein, gr. 1½.
Terpin. hydrat., gr. 15.
Ext. hyoscyami, gr. 1½.
Ext. belladonnae, gr. ¾.
Mas. cyroglossi, gr. 7½.

M. Ft. pil. No. x. Sig. One four times daily.—Med. Rec.

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MISCELLANEOUS

The Klober and Green River Hot Springs, Washington.

Offers to the medical profession a modern appointed and completely equipped Sanitarium and Resort to which to refer their patients needing change of treatment and climate.

These springs are situated upon the western slope of the Cascade Mountains, on the main line of the Northern Pacific railroad, two hours ride from Tacoma or Seattle. The climate is most even the year through while the altitude of 1532 feet is an ideal one.

The Kloeber is the most perfectly appointed place of the kind in this country. It is steam heated and electric lighted throughout, with large and splendidly appointed bath rooms, in which all forms of modern baths are skillfully administered. The detail of the service throughout is of the highest order, only skilled attendants being employed in all departments. Physicians referring cases to the Green River Hot Springs are assured of the fairest and most ethical treatment. When requested, physicians may assume personal charge of their cases, a daily report being rendered them. As an example of the excellence of service of this place the annual banquet at the recent meeting of the Washington State Medical Society was held there June 26th, about seventy-five doctors sitting down to the most elaborate and artistically served banquet ever held in the Northwest.

Hypotone.

We wonder how many of our doctors are using Hypotone, a tonic hyphosphite mixture, from a formula, the result of years of study and experience upon the part of a leading hospital physician, together with the skill in compounding upon the part of one of the brightest pharmacists in the country. The beauty of this product is that the stomach, instead

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of being distressed, as it is by many hypophosphite preparations, is quieted by the happy combination of drugs used in the formula of this product. The fact that Chas. Roome Parmele, who has made such a success with Dr. Barclay's formula, known as "Arsenauro," and which doubtless today is being used by more physicians for the treatment of diabetes than any other medical preparation, is handling this preparation is a guarantee that Hypotone is all that the medical men who nave tested it claim for it.

Music! Music!!

Every kind of music has its charms—in its proper place. A monotonous drum solo, continued for hours, delights the savages in the forests of Africa, while in our modern cities, the hand-organ, with its accompanying red-coated monkey, brings joy to hundreds of ragged tenement children, to whom it gives a pleasure akin to that which a metropolitan audience of cultivated persons receives at a Paderewski recital, or an orchestral concert under direction of Theodore Thomas.

To educated musicians, on the other hand, the drum and hand-organ are an abomination, not only because they increase the street noises that disturbs them in their work, but because the music (?) is monotonous and mechanical. It is machine music, without a trace or possibility of human feeling, or artistic expression.

The most discouraging thing about music in general is that it requires years of tiresome practice and drudgery to learn to play, and that the practice must be kept up all the time or else you fingers become "rusty" or "stiff."

The Pianola entails no such practice. With it anyone can play the piano; play any selection they want, and in any way they want.

Play it artistically, not mechanically—as you have the "time" and "expression" fully under your control. We know this from experience.

Why and When We Feel Hungry: A German Theory.

A German physician says we feel hungry when the blood-vessels of the stomach are comparatively empty. Many anemic patients have no appetite even when the stomach is empty; but the blood vessels of the stomach are not empty in such cases, but rather congested. In healthy people lack of blood in the stomach acts upon a special nerve, and all the characteristic symptoms of hunger follow. Now this hunger nerve and the nerves of the mouth and tongue are branches of the same nerve-trunk. Hence, a stimulus applied to the tongue, by a spice for example, creates or increases appetite. On the other hand, when the nerves of the tongue are are affected by a diseased condition of the mucous membrane of the mouth, the patient has no appetite, though his stomach may be empty, and he may be in actual need of food.—Dietetic and Hygienic Gazette.

Acute Bronchitis.

℞ Tinct. scillae, m x.
Syr. codeinae, ℥v.
Ext. hyoscyami, gr. j.
Aq. aurantii florum, ℥iiss.
Julep, ℥iv.

M. Sig. One dessertspoonful.—Lyon, Le Progres Med.

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EXTRACTS

A Contribution to the Therapeutics of Anaemic Conditions.

By Dr. Hermann Metall, Assistant Physician to the General Polyclinic, Vienna. (Translated from the German.)

In the medicinal treatment of the various forms of anaemia, whether it be essential chlorosis or the so-called secondary forms arising from severe loss of blood and various diseases (tuberculosis, cancer, etc.), iron has always occupied the most prominent place. In the management of chlorosis, especially, the chief object is the administration of an adequate quantity of iron, since upon this depends the success of all treatment. As to the manner in which iron acts in anaemic conditions, that is a secondary matter. Whatever be its mode of action, it remains an empirical remedy and yet one of incontestable value.

According to the unanimous opinion of many authors the effect of iron in chlorosis cannot be replaced by alimentation. Reinert, Klein, Immermann, Ensli, and others have shown that typical chlorosis cannot be cured in any other way, even by forced feeding. Some of them have made a series of very careful experiments for this purpose, and reached the remarkable result that during superalimentation, extending even over a number of weeks, the quantity of haemoglobin in the blood increased scarcely a few per cent., and remained permanently at this level. That this is actually so we daily convince ourselves in cases of chlorosis in girls of the better classes. These girls, if placed on a full diet, accumulate more fat, while the chlorosis remains practically unaffected—it requires iron. The dietary therefore plays a sub-ordinary part in the therapy of chlorosis (Klein), and is to be regarded only as an important adjunct to the treatment.

I will now devote a few words to manganese, which is employed in combination with iron in some ferruginous preparations for the treatment of anaemia. Hannon already directed attention to this metal, which is a constituent of healthy blood, and which, besides iron, has an important bearing on the absorption of oxygen by the blood. In fact, experiments have shown that anaemic conditions are most successfully treated with iron in connection with manganese. Chalybeate medication is materially aided and promoted by the addition of manganese. Efforts have therefore been made to introduce combinations of iron and manganese into therapeutics.

After laborious attempts, Dr. Gude, chemist, succeeded in producing such an iron-manganese preparation, which is easily absorbed by the entire intestinal tract, evokes no concomitant effects, and, as is illustrated in the following histories of cases, has proved an excellent remedy for the formation of blood. The preparation referred to is Pepto-Mangan (Gude). It contains iron and manganese in an organic combination with peptone, and is a clear fluid, resembling dark red wine, of an agreeable, non-metallic, non-astringent taste.

The advantage of this preparation is that it exerts a stimulating effect upon the blood-forming organs, these

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being excited to greater functional activity, and that the favorable effect manifests itself even within a short time by an increased oxygenation of the blood. At the same time this chalybeate, as already mentioned, causes no digestive disturbances and does not injure the teeth.

In regard to the daily dose of iron, Quincke maintains that it should range from ¾ to 1½ grains of Fe. Most clinicians prescribe commonly 4 grains, which considerably exceeds the maximum dose recommended by Quincke. Some of them, like Niemayer and Trousseau, give even 7 grains of metallic iron daily; hence Pepto-Mangan (Gude) should be prescribed in doses of one tablespoonful three times daily for adults, and one teaspoonful twice daily for children up to twelve years, after meals. Sour, fatty foods and red wine should be avoided during its administration. The preparation is much relished by all patients, and it is my custom to administer it to children in water, or, better, in cold milk with the addition of sugar, in which form it is very palatable.

Two cases of acute anaemia after profuse haemorrhages were treated with Pepto-Mangan (Gude). A favorable result was obtained as early as the end of the first week. In one instance the patient felt so well that only the fear of further haemorrhage constrained him to stay in bed for another week. In the cases of three women who had miscarried during the early months of pregnancy, and were making a very slow recoverey from the resulting anaemia, I was able to obtain a complete recovery after four weeks' administration of Pepto-Mangan (Gude). In six other instances of weakness and anaemia following acute and chronic disease (tuberculosis, carcinoma, scarlet fever, etc.), a disappearance of the feeling of weakness and a considerable improvement of the general health could be observed in every instance.

The histories cited above will afford conclusive evidence of the high therapeutic value of Pepto-Mangan (Gude). Unpleasant concomitant effect and disagreeable sequelae were never observed during the use of the remedy. Eructations, pressure in the stomach, and nausea were never noticed.

The Preventive and Curative Treatment of Hay Fever.

It is difficult to conceive of a more miserable creature in all the world than the hay fever sufferer. The attack not only makes him exceedingly uncomfortable, but renders him unfit for business or the pleasures of society. Aside from the annoying and continual discharge from the nostrils, the eyes are suffused, the secretion of tears is increased, the nasal passages are obstructed, and an intense burning sensation is experienced: the latter is not entirely limited to the mucous membranes, but not infrequently involves the cutaneous surfaces of the forehead, cheeks and nose. Violent attacks of sneezing occur which are so prolonged, at times, as to completely exhaust the sufferer and bring on severe headache. The condition is one of utter wretchedness, and there is extreme malaise, amounting occasionally to complete prostration. The lightest duties become irksome tasks, and many an active, industrious and useful member of society is completely incapacitated while "the season" lasts.

For years some convenient means of relief has been sought. Change of scene does very well for those, unfettered by business, who can afford to travel. But to many very worthy

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people a change of scene is out of the question. Naurally the greater number of the afflicted are accustomed to look to the medical profession for the help they need. But what has the medical profession actually accomplished for the permanent relief of the sufferer or the cure of his ailment? There is scarcely a sedative, astringent, tonic, nervine, or alterative drug in the materia medica in the treatment of hay fever. Until the discovery of Adrenalin, each had been as much of a disappointment as its predecessor, and none had afforded more than the merest temporary relief.

There is increasing evidence that Adrenalin fully meets the indications as a remedial agent in hay fever. It controls the nasal discharge, allays congestion of the mucous membranes, and in that manner reduces the swelling of the turbinal tissues. As the nasal obstruction disappears, natural breathing is materially aided and the ungovernable desire to sneeze is mitigated. In short, a season of comparative comfort takes the place of the former condition of distress and unrest. Adrenalin blanches the mucous membrane by vigorously contracting the capillaries, and thus reduces local turgescense. It strengthens the heart and overcomes the sense of malaise so frequently a prominent feature in cases of long standing.

In the treatment of hay fever the Solution of Adrenalin Chloride should be used. This preparation is supplied in the strength of one part Adrenalin Chloride to one-thousand parts Normal Saline Solution, and is preserved by the addition of 0.5 per cent. Chloretone. The 1-1000 solution should be diluted by the addition of four parts Normal Salt Solution, and sprayed into the nares with a "Cocaine" atomizer. In the office, the 1-1000 solution may be applied in full strength. A small pledget of cotton is wrapped about the end of an applicator and moistened with a few drops of the solution (1-1000). The speculum is then introduced, the patient's head is tilted backward in a position most favorable for thorough illumination by the head-mirror, and the visible portions of the lower and middle turbinate bodies, and the septum are carefully and thoroughly brushed. The same application is made to the other nostril, when usually relief follows in a few minutes. Should the benefit prove only partial, the 1-5000 solution may now be sprayed into both nares, and a few drops instilled into both eyes. The effect of this treatment may be expected to last for several hours. Indeed some physicians report that it is necessary to make but one thorough application daily to afford complete relief.

It is also recommended that Solution Adrenalin Chloride be administered internally in 5 to 10 drop doses, beginning ten days to two weeks prior to the expected attack. In explanation of the beneficial effect of the drug when used in this manner, the suggestion has been made that hay fever is essentially a neurosis, characterized by a local vasomotor paralysis, affecting the blood supply of the eyes, nose, face and pharynx, and occasionally of the laryngeal and bronchial mucous membranes. Adrenalin overcomes this condition, restores the normal balance in the local blood pressure, and thus aids in bringing about a cure. The profession is to be congratulated that it has at last an agent that, if not a specific, fulfills the therapeutic indications more completely and with greater satisfaction than any other remedial measure recorded in the history of medicine.

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BOOK REVIEW

Wharton's Minor Surgery and Bandaging. New (5th) edition, thoroughly revised. A manual of minor surgery and bandaging. By Henry R. Wharton, M. D., Professor of Clinical Surgery in the Woman's Medical College, Surgeon to the Presbyterian Hospital, Philadelphia, etc. In one 12mo volume of 612 pages, with 509 illustrations, many of which are photographic. Cloth, $3.00, net. Just ready. Lea Bros. & Co., Publishers, Philadelphia and New York.

This has been by far the most popular work of its kind presented, as the rapid exhaustion of preceding editions testify. It covers the ground of minor surgery and bandaging in a most thorough and concise manner, the author showing rare skill in the selection and presentation of the subject matter. Bacteriology as related to surgical diseases is considered in a separate chapter. The principles and practical application of asepsis and anti-sepsis, including the preparation of surgical dressings, forms a most important feature of the work. It is very fully illustrated and substantially bound.

Practical Dietetics, with special reference to diet in diseases. By W. Gilman Thompson, M. D., Professor of Medicine in the Cornell University Medical College in New York City. Visiting Physician to the Presbyterian and Bellevue Hospitals. Second edition. Enlarged and thoroughly revised. Published by D. Appleton & Company, 1902.

The value of a proper dietary, both in health and disease, occupies by far too little of the time and attention of the practitioner of medicine and surgery. As a rule general directions are given, which in most cases are of no value at all, or are misleading, and in many cases serve only to cover the ignorance of the physician prescribing. Besides understanding what a suitable diet is for any particular disease, the physician should also be familiar with the details of its preparation.

Dr. Thompson has admirably set forth in this work the entire subject of dietetics, including the composition of food, methods of preparation and administration as applied to particular diseases. He has classified under each disease those foods most suitable for the patient, and has done so in the most clear and concise manner.

We consider this the most valuable work of its kind, and can commend it in its entirety, not only as a scientific work in dietetics, but as an invaluable time-saver to the busy practitioner.

The Practical Medicine Series of Year Books, comprising ten volumes of the year's progress in Medicine and Surgery; issued monthly, under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Vol. 5, Obstetrics, edited by Reuben Peterson, A. B., M. D., Professor of Obstetrics and Gynecology in the University of Michigan, and Henry F. Lewis, A. B., M. D., Instructor in Obstetrics and Gynecology in Rush Medical College. April, 1902. Price of this volume, $1.25. The Year Book

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Publishers, 40 Dearborn St., Chicago, Ill.

It has been the aim of the editors to furnish to their readers the digested views of the best writers on the subject of Obstetrics that have appeared during the past year. They have given, not their own, but the writer's ideas, and what is more the different ideas of different authorities on the same subject.

It is, in fact, a resume of the advancements that have taken place during the past year, presented to the reader in a clear, concise and compact form. The volume is well illustrated, and the general make-up exceptionably good. And to those desiring a work of this kind, no better can be found.

Diseases of the Nose, Pharynx and Ear. By Henry Gradle, M. D., Professor of Ophthalmology and Otology, Northwestern University Medical School, Chicago. Handsome octavo of 547 pages, profusely illustrated, including two full-page plates in colors. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.50 net.

This volume is intended to present diseases of the Nose, Pharynx and Ear, as the author has seen them during an experience of nearly twenty-five years. In it are answered in detail those questions regarding the course and outcome of diseases which cause the less experienced observer the most anxiety in an individual case, questions to which an answer is not easily obtained from textbooks. In the therapeutic part of the work the author has given detail only to those procedures which have withstood the test of critical experience. Topographic anatomy being a requisite for all surgical work, the author has wisely devoted liberal space to this branch of the subject. The numerous illustrations are exceptionally accurate in their portrayal of the pathologic conditions, especially so the two full-page colored plates. We know of no work of its size that is at the same time so useful a textbook and so excellent a work of reference.

The book is divided into two parts, the first dealing with diseases of the nose and pharynx, and the second with diseases of the ear. Each is overlaps in many places on account of the interdependence of diseases of the ear with nose and throat diseases. The book is well bound and illustrated, and the price very moderate.

American Edition of Nothnagel's Encyclopedia—Diphtheria. By Wm. P. Northrup, M. D., of New York. Measles, Scarlet Fever, and German Measles. By Professor Dr. Th. von Jurgensen, Professor of Medicine in the University of Tubingen. Edited, with additions, by William P. Northrup, M. D., Professor of Pediatrics in the University and Bellevue Medical College, New York. Handsome octavo, 672 pages, illustrated, including 24 full-page plates, 3 of them in colors. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $5.00 net; half Morocco, $6.00 net.

This volume, the third in the series of English translations of the "Nothnagel System of Practical Medicine," needs no recommendation. Professor Jurgensen and Dr. Northrup are too well know for us to expect anything but the best. The article on Diphtheria, enirely original with the editor, is fully in keeping with the high standard set by the other German articles which comprise the work. Dr. Northrup, having been associated with Dr. O'Dwyer at every step in the perfection of intubation tubes, is par-

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ticularly fitted to describe this aspect of the treatment of diphtheria.

Professor Jurgensen's monograph on Measles unquestionably is the most comprehensive contribution on that infection that has appeared, bringing out so fully the valuable Danish records of the Faroe Islands epidemic. His exposition of Scarlatina is unrivaled both for richness of clinical detail and exactness and clearness of statement. "Fourth Disease" and German Measles have been accorded spaces consistent with their importance. The editor has shown judicious decision in his extensive additions, making the work far and away the best and most up-to-date treatise on the subjects extant. The book is profusely illustrated, containing, besides a large number of text cuts, twenty-four full-page plates, three of which are in colors.

Vaughan and Novy on Cellular Toxins.—A treatise on Cellular Toxins, or the Chemical Factors in the Causation of Disease. By Victor C. Vaughan, Ph. D., M. D., Professor of Hygiene and Physiological Chemistry, and Frederick G. Novy, M. D., Junior Professor of Hygiene and Physiological Chemistry in the University of Michigan. New (4th) edition, revised and enlarged. In one 8vo. volume of 480 pages, with 6 illustrations. Cloth, $3.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1902.

It is fourteen years since the first edition of this book was printed, the appearance of which created as much excitement in medical circles as any book which was published during that decade. Professor Vaughn has been recognized as a leading authority upon the topics discussed in this book for twenty years, and having associated with him as collaborator Professor Novy, in the Michigan University Laboratory, and having access to the wealth of material which has accumulated in the Laboratory during the past thirty years, there is no wonder that the book has had such a large sale, and has become standard in the leading printed languages of the earth. The present volume has been largely re-written, cutting down spaces allotted to older subjects to give room for newer topics; the whole making up 500 pages of closely printed type, with several important tables. We commend the work to our readers.

Mr. Sidney Low's "Personal Recollections of Cecil Rhodes," which is the leading article in the Living Age for June 7, includes an interview with the great adventurer, shortly after the Jameson raid, which shows conclusively that it was not sympathy with the "Outlanders" which led Mr. Rhodes to conspire against the South African Republic. Mr. Rhodes believed that the "Outlanders" would be able to redress their own grievances; but he was anxious so to turn the course of events that they would be under obligations to England for their relief, and so would be deterred from schemes for forming a South Africa of their own by union with the Boers.

A phase of domestic life with which most people are familiar is entertainly characterized in article on "The Breakfast State of Mind," which the Living Age for June 7 reprints from the Spectator.

Gastric Ulcer.

℞ Picrotoxin.
Morph hydrochl, aa gr. i.
Atrop sulphat, gr. 1-5.
Ergotin, m. xx.
Aq. Laurocerosi, ʒ iij.

M. Sig. Four to six drops five to ten minutes before each meal.

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PERSONALS

Dr. Clarence W. Keene has located in Medford, Or.

Dr. H. C. Beall has located in Virginia City, Mont.

Dr. L. R. Nourse, of Hailey, was a recent Boise visitor.

Dr. Wm. House, of Heppner, has located in Pendleton.

Dr. N. R. Luther, of King's Valley, was in Portland recently.

Dr. D. H. Richard, of Sherwood, Or., was in Portland recently.

Dr. Gugg, of Missouri, has opened an office in Colville, Wash.

Dr. E. P. Dixon, of Newberg, has located in Grants Pass, Or.

Dr. A. M. Polk, of Miles, Wash., was a recent visitor in Spokane.

Dr. Grant S. Hicks, of Tacoma, was a recent visitor in Portland.

Dr. G. B. Cole, of Central Point. was recently in Ashland, Or.

Dr. Prentis, of Marshfield, is spending his vacation in Bandon, Or.

Dr. Van Dyke, of Grants Pass, was a recent visitor in Ashland, Or.

Dr. J. C. Smith, of Adams, has resumed practice in Jefferson, Or.

Dr. W. H. Holt, of Corvallis, Or., has purchased an X-ray machine.

Dr. W. T. Phy, of Baker City, has treated himself to a new automobile.

Dr. T. J. Turney, of Davenport, Wash., was a recent Spokane visitor.

Dr. H. W. Stephens, of Anaconda, was a recent visitor in Butte, Mont.

Dr. Bowersox, of Glendale, was called professionally to Stayton, Or.

Dr. J. L. Hill, of Albany, Or., recently visited friends in Lebanon, Or.

Dr. G. W. Tape, of Hot Lake, Or., was in Portland recently on business.

Dr. S. S. Thayer, of Toledo, Or., has returned from a trip to California.

Dr. A. A. Witham, of Paisley, Or., was recently visiting friends in Eugene.

Dr. Betts, of Everett, attended the State Medical Society in Tacoma recently.

Dr. J. W. Ashford, of Canyon City, Or., is spending his vacation in Bear Valley.

Dr. Z. T. Daniel, formerly of Siletz, Ore., has removed to Rosebud, South Dakota.

Dr. C. E. Frye, of Canyon City, Or., recently spent a few days in Paisley, Oregon.

Dr. S. L. Corpe, of Cove, attended the Eastern Medical Association at Hot Lake.

Dr. E. H. Stanley, formerly of Port Angeles, Wash., has located in Seattle, Wash.

Dr. J. B. Burns, formerly of Republic, Wash., has located at North Yakima, Wash.

Dr. M. M. Staples, of Salem, was recently called in consultation to Jefferson, Or.

Dr. W. M. Smith, formerly of Montesano, Wash., has located in Cherokee, Kansas.

Dr. Molitor, of La Grande, was recently called in consultation to Elgin, Oregon.

Dr. J. B. Loughary, of Seattle, Wash., is visiting his parents in McMinnville, Or.

Dr. E. Dewitt Connell, of Portland, spent a few days with Dr. Estes, of Astoria, recently.

Dr. M. F. Hall, of Skagway, Alaska,

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accompanied a patient to the hospital in Victoria, B. C.

Dr. M. K. Hall, of La Grande, attended the Eastern Medical Association at Hot Lake.

Dr. Rossiter, of Hoquiam, Wash., has been very ill with appendicitis, but is now improving.

Dr. J. J. Hamilton, of Caldwell, attended the Medical Association which met recently in Boise.

Dr. Bean, of Ellensburg, Wash., was in attendance at the Washington State Medical Society.

Dr. C. R. Ray returned from a business trip to San Francisco to his home in Gold Hill, Or.

Dr. E. L. Irvine, of Portland, was recently visiting his mother at his old home in Albany, Or.

Dr. C. T. Bain, of La Grande, recently accompanied a patient to one of the Portland hospitals.

Dr. E. W. Barnes, of North Powder, Or., attended the Eastern Medical Association at Hot Lake.

Dr. Westbrook, of Minnesota University, has gone to Montana to make a special study of spotted fever.

Dr. J. A. Best, of Weston, Or., was called to Spokane, Wash., to care for his sister, who has been very ill.

Dr. Dittebrandt, of Milton, was in attendance at the Eastern Oregon Medical Association at Hot Lake.

Dr. C. E. Jones, of Winlock, Wash., is taking his vacation in the vicinity of Mt. St. Helens, on a mining trip.

Dr. Rosa E. Alexander, a graduate of the University of California, has opened her office at Northport, Wash.

Dr. Luthern Hamilton, of Portland, was recently visiting his parents, Dr. and Mrs. Hamilton, of Roseburg, Or.

Dr. J. E. Shields, of Portland, was a recent visitor at his old home in Pilot Rock, where his parents reside.

Dr. G. W. Kennicott, of Chehalis, Wash., attended the State Medical Society, which met recently in Tacoma.

Dr. E. Howard Hopkins, a graduate of Rush Medical College, of Chicago, has opened offices in Hillyard, Washington.

Dr. A. E. Tamiesie has opened offices in the Hill block, corner of Russell street and Williams avenue, Portland, Or.

Dr. Kitty Plummer Gray, who has been taking some post-graduate work in San Francisco, has returned to Portland.

Dr. Fred Byars, of Madera, Cal., is visiting his brotner in Salem, Or., who lies dangerously ill with consumption.

Dr. Rust, of Enumclaw, was in attendance at Washington State Medical Society, which recently convened in Tacoma.

Dr. T. J. Murray, of Butte, Mont., has returned from Saratoga, where he attended the American Medical Association.

Dr. W. T. Miracle, who has been taking a post-graduate course in Chicago, has returned to his home at Richland, Or.

Dr. Majors, of Medford, was called to Grants Pass to take home a young man who had been seriously injured in a Sunday ball game.

Dr. E. Brown, of Gem, Idaho, has discontinued the practice of medicine for the present, as he wishes to develop his copper mines.

Dr. Thomas Marks, of Halsey, Or., recently spent some weeks in Portland, attending the A. O. U. W. meeting, and taking a rest generally.

Dr. Via, of Forest Grove, was re-

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cently notified of the death of his father, Rev. L. A. Via, at Columbus, Mo., at the advanced age of 90 years.

Dr. C. S. Whitford, of Clarkston, Wash., who has been resting for the past three months, is once more ready to take up the duties of professional life.

Dr. S. C. Baldwin and Dr. A. C. Ewing, of Salt Lake, were in Portland recently, on a little trip for recreation and rest, stopping here briefly.

Dr. Jas. Vickrey, who has been taking a vacation in Los Angeles and other points in Southern California, he returned to his home in South Bend, Wash.

Dr. J. C. Sheldon, a pioneer of 1846, died at his home in Salem June 27th. The doctor had been an invalid for twenty years, so that death was a happy relief.

Dr. Warren Riley, of Olympia, Wash., who has been confined to the hospital for some time with a severe illness, is rapidly improving, but is still quite weak.

Dr. M. G. Hinkle, of Seattle, Wash., is an inmate of the Seattle general hospital, suffering from a severe attack of typhoid, which it is feared may prove fatal.

Dr. Zadok T. Daniel, of the U. S. Indian Service, and stationed at Siletz Agency since November, 1899, has been transferred to the Rosebud Agency, South Dakota.

Dr. McMann, surgeon of the Australian liner Moana, now in port at Vancouver, B. C., will visit his old home in Winnipeg, and rejoin his ship upon the next trip.

The following succeeded in passing the State Medical Examining Board of Oregon:

Daniel R. Corgell, M. D., graduate of Ohio Medical College, 1883.

John Frey, M. D., graduate of Eclectic Medical Institute, Cincinnati, O., 1870.

A. N. Hallabough, M. D., graduate of Vanderbilt University, 1902.

W. W. Hicks, M. D., graduate of University of Southern California, 1902.

M. E. Jarnagin, M. D., graduate of Tennessee Medical College, 1897.

George V. Ketchum, M. D., graduate Cleveland Medical College, 1899.

W. C. McKechnie, M. D., graduate of McGill Medical College, 1899.

A. L. McNeill, M. D., graduate of Chicago Homeopathic Medical College, 1895.

E. R. Rentz, M. D., graduate of University of Pennsylvania, 1870.

Boyd M. Richardson, M. D., graduate of Willamette University, 1900.

Faulkner Short, M. D., graduate of University of Toronto, 1902.

J. D. Wetmore, M. D., graduate of Hahneman Medical College. 1882.

G. T. Trommaid, M. D., graduate of Rush Medical College, 1901.

C. G. Patterson, M. D., graduate of Eclectic Medical Institute, 1902.

P. Overton, M. D., graduate of Chicago College of Physicians and Surgeons, 1902.

G .H. Merryman, M. D., graduate of Chicago College of Physicians and Surgeons, 1902.

J. M. Gunning, M. D., graduate of Chicago College of Physicians and Surgeons, 1902.

James H. Corrico, M. D., graduate of Chicago College of Physicians and Surgeons, 1902.

W. B. Wells, M. D., graduate of Chicago College of Physicians and Surgeons, 1901.

C. M. Frazier, M. D., graduate of Chicago Homeopathic Medical College, 1901.

R. L. Smith, M. D., graduate of Beaumont Medical College, 1896.

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MEDICAL SENTINEL

Volume X *Number 9*

SEPTEMBER
1902

By...
Henry Waldo Coe., M.D.

Notes

Oregon Meeting.—September 10th and 11th. Come!

Vacation Days Are Over.—The Medical Sentinel hopes that every one of its readers has had a splendid vacation.

Eastern Oregon Medical Society.—This society is doing grand work. If it continues as well as it has done so far, it is to be the conservator of higher medical thought and rational medical ethics in the great country east of the Oregon mountains.

Oregon Doctors in Mines.—In a recent meeting of a dozen doctors it was noted that every doctor present was in some ways or other interested as investors in mines. Some have done well, others have lost, while a majority were still on the qui vive.

Idaho State Medical Society. The Idaho State Medical Society will meet at Moscow October 9th and 10th. Dr. H. A. Castle, of Pocatello, is President. and Dr. E. E. Maxey, of Boise, Secretary. The Idaho meetings have always been well worth attending.

The American Electro-Therapeutic Association.—The next meeting of this association will be held at Hotel Kaaterskill, Catskill Mountains, New York, September 2d, 3d and 4th. The scientific program is a good one and the social features are attractive. Dr. G. E. Bill, of Harrisburg, Pa., is the Secretary.

A Medical Sentinel Subscriber Catches the Notorious Harry Tracy.—The medical profession can congratulate itself that Dr. E. C. Lanter, of Creston, Wash., has not only proven himself a terror to this greatest of criminals, but as a diligent medical student is a kind hearted and successful practitioner.

A Busy Journal.—The Medical Sentinel summer numbers are busy and valuable ones, because it has so many live medical societies to re-

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port. Many of these societies trust to The Medical Sentinel alone to record in full their proceedings, publishing no pamphlet report elsewhere. In this list is included several state societies.

Dr. Harry McKay in Ireland.—Dr. Harry McKay reached Ireland but one day before the death of his mother, who was in good health when he left Portland, but who was taken with some sudden illness, ending in her death. Dr. McKay had not seen his mother since a child, and his visit was timely.

Take a Vacation.—If by any chance yau have not already taken a season of rest from your labors, Doctor, don't fail to do so yet. Some prefer winter for the outing from professional work. In any event, take a few weeks off at some season of the year. There is nothing in "keeping everlastingly at it" upon one set of nerve cells.

Dr. D. M. Stone, of Wallace, Idaho, spent some of the weeks of the hot term at the Oregon beach, where he went on account of the health of his little boy, and who there promptly recovered from the hay fever affection so that the latter half of the doctor's vacation was spent under greater conveniences for himself and family at the Hotel Portland.

Idaho State Medical Society.—The next meeting of this lively organization will be held at Moscow, October 9th and 10th. Dr. H. A. Castle, of Pocatella, the President, and Dr. Ed. E. Maxey, of Boise, the Secretary, have already done enough work to assure a good program and a splendid meeting. The Northern Idaho doctors will now have an inning.

State Board of Health.—More and more does it become evident that Oregon needs a State Board of Health, with some one like Dr. C. H. Wheeler at its head to enforce quarantine throughout the State. With a State Board of Health law in Oregon, and a good board to enforce it, cooperating with the Washington board, smallpox in these states in a few months ought to be eradicated.

Utah Doctors in Portland.—The tendency of people of the far West to realize that they have a coast of their own, nearer than the Atlantic, is manifested by the number of doctors from Salt Lake who have taken a portion of their summer vacations in Portland and at our seaside resorts. Dr. C. S. Baldwin, Dr. Niles, Dr. Ewing and Dr. A. S. Bower were among the past season's visitors.

British Columbia Medical Association.—The third annual meeting of this association was held at Vancouver, B. C., August 29th and 30th. The meeting was largely attended, and an interesting program was rendered. The visitors were entertained royally by their Vancouver associates, and all agreed that it was one of the most pleasant as well as most profitable meeting in the history of the association.

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Doctors in Politics.—All over the country The Medical Sentinel notes the tendency of the public to follow the German and French custom of taking doctors into its political confidence. A lot of competent medical men may for a time be withdrawn from practice, but the public is the gainer. We are citizens, and owe the State some gratitude for what we receive, and more doctors should be willing to serve in political places.

Oregon State Meeting a Local Affair.—By an examination of the provisional program elsewhere, it will be noted that the coming Oregon State Medical Society is to be a local affair it having been deemed best that the coming meeting should be merely a neighborly affair. It is expected that a large number of visitors will be at the meeting from Washington and Idaho, and it is hoped that these visitors will, with our own members, take an active part in the discussions of the papers.

Affiliated but Deferred.—The Eastern Oregon District Society passed resolutions of affiliation with the State Society, but will not report for action this session as required by the State Society's constitution. It takes time to carry out some of the details, notably the requirements regarding dues. The Southern Oregon Society will, in due time, conform to the new arrangement. Other societies will doubtless soon be organized to permit their physicians to enjoy the new and wider benefits of the allignment of medical conditions.

Marion-Sims-Beaumont Medical College.—As a Western school, attention might be called to the remarkable position of the Marion-Sims-Beaumonts Medical College, of St. Louis, the result of an amalgamation of the two institutions of which Dr. H. W. Loeb, of St. Louis, is Secretary. The college has a corps of nearly fifty teachers, and the course of instruction is of such a practical character, fitting its students for actual work, that practically one-half of the entire graduating class was called upon to accept positions as internes in hospital work.

Smallpox Epidemic.—There is no use in trying to cover up the fact that smallpox has been, in a mild form, practically epidemic in this region for two years. The fact that it is so mild that no attempts have been made in some of the logging camps to quarantine it, has been largely responsible for this fact. Dr. Zan, Portland's efficient city health officer, is now attempting to establish a quarantine against the Lewis river camps in Washington, but it is difficult to see, without a State law, how he is going to make it effective outside of his own baliwick.

Dr. A. S. Bower, of Salt Lake, was among the Utah doctors who took in Portland and one of the beaches recently. Dr. Bower is an ex-president of the Utah State Medical Society, and one of the oldest resident physicians of the Saintly city, having been in practice there for nearly twenty years. He was pleasantly entertained while on the coast by some of his medical friends in Portland who regretted that his stay on the coast was not more protracted. Dr. Bower spent some time at North

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Beach, went from Portland to Hood River and planned upon finishing his vacation in hunting in Idaho.

Washington Doctors Pleased.—The Medical Sentinel has been in receipt of a good many letters from Washington doctors during the past few weeks, and is still receiving like missives, praising the magazine for its liberal treatment of the late State Medical Society there, in its special August Washington State Medical number. There is nothing so pleasant as being appreciated. The extra expenses upon this issue were more than the average local medical journal's monthly income amounts to, but it went into the issue with as much pleasure as though there were as many doctors in the State of Washington as there are in Massasschusetts. Quality, after all, is what counts.

Live Officers.—The benefits of live, active officers was manifested by the outcome at the Hot Lake meeting of the Eastern Oregon District Medical Society. The meeting was largely attended and full of interest. The officers were Dr. W. J. May, of Baker City, President; Dr. W. G. Cole, of Pendleton, Vice-President; Dr. G. W. Tape, of Hot Lake, Vice-President; Dr. T. M. Henderson, of Pendleton, Secretary-Treasurer. The executive committee was made up of Dr. E. B. McDaniel, Baker City; Dr. M. M. Dittenbrandt, Milton; Dr. M. K. Hall, LaGrande; Dr. E. E. Furguson, The Dalles; Dr. J. A. Best. Weston; while the Censors consist of Dr. Nicholas Mollitor, LaGrande; Dr. H. E. Curry, of Baker City, and Dr. D. J. McFaul, of Pendleton.

Public Health and Marine Hospital Service.—At the last session of Congress a bill was passed changing the name and to some extent the scope of the whole U. S. Marine Hospital Service, the new name of the organization being Public Health and Marine Hospital Service. The personnel of the corps remains the same and the new organization, in addition to its former duties, takes on those of a National Board of Health. The division on vital statistics will be an important addition to the work already done. The fine laboratory connected with this service is to be enlarged and lay members of national reputation, probably such men as Welch, of Johns Hopkins, Hektoen, of Chicago, and others, will be asked to join, and the services of these men will be made available as adjuncts and advisers to the regular service. Their handsome laboratory is now in course of construction in Washington, D. C. As this will increase the work of the service, already overburdened on account of the new work and the work in the Philippines, doubtless a large medical addition will be added to the staff.

The Naked Truth.—The following article, taken from the American Medical Journalist, takes up the whole subject so well that we commend it for carceful reading. Substitution has become a terrible crime in this country, and we should all do what we can to help suppress it:

As we go to press, we notice in the Pharmaceutical Era the startling and paralyzing advertisement of the Antikamnia Chemical Co., startling

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because of its boldness, paralyzing because of its contents. The old house of Eimer and Amend is charged with the meanest and most despicable of all crimes, that of "substituting" upon the prescription of a physician. From a source which is beyond all question we learn that the evidence is absolute and that not only an imitation Antikamnia, but also an imitation Arsenauro emanated from the establishment mentioned. It may be said that in some things "imitation" is the sincerest flattery, but in drugs this statement is a wicked fallacy. There is no confidence more complete than that which is given to the pharmacist by the holder of a prescription, and there is correspondingly no treachery more dastardly than the betrayal of that confidence by the substituting druggist. Bunco-steering is indeed genteel by comparison, and picking one's pocket a comparatively harmless affair. To practise fraud upon those who are on the sick-bed is the step just in advance of robbing the dead.

We hear that the firm mentioned places the responsibility upon the shoulders of a clerk and that the clerk has been discharged. While this may add to the burden of the clerk, it does not lessen their own responsibility, for it should not be possible that medicines for the sick could be thus substituted inadvertently. What motive could a mere clerk have for doing such a thing? If the Antikamnia Co. substantiates its charges, every medical journal in the land should publish the facts far and wide, not only as a matter of justice to the Antikamnia Co., but as a matter of duty to the honest druggist as well as a warning to the dishonest ones.

Other firms are under suspicion—not small ones by any means—and as "murder will out" the final results promise some interesting reading.

It is said that some are honest "because it is policy." Some are referred to as "very honest," "pretty honest," "fairly honest." All wrong. A man is honest or he is not—for there are no grades of honesty.

Sustain honesty where you find it—and crush dishonesty into an impalpable powder.

To shrink from the situation is not only cowardly, but makes one particeps criminis.—American Medical Journalist.

Administration of Oleum Morrhuae to Children.

Sheffield suggests the following as a palatable form of administering oleum morrhuae to children:

℞ Ol. morrhuae, ℥ ij.
Ext. malt,
Syr. calcii hypophos., aa ℥ ss.
Pulv. acaciae, aa ʒ ij.
Aq. cinnamomi, q. s. ad ℥ iv.
M. Sig. One to two teaspoonsful after each meal.—Jour. Amer. Med. Asso.

Diuretic.

℞ Ext. convallariae,
Pulv. convallariae, aa gr. j.
For one pill, to be given morning and night.—Martz, Med. Rec.

Severe Aphthae.

Paint with:
℞ Acid salic., 2.
Spir. vini, 10.
Glycerini, 25.—Med. Rec.

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Editorial Notes

Charles A. L. Reed Comments.

In our last issue, in discussing some of the ontoward sequences of the present attempt to reorganize the American Medical Association, the State Medical Society of Oregon and some of the latter's medical society constituencies, reference was made to the anomolous condition of the membership of the Portland Woman's Medical Club. The club demands as a prerequisite to membership that applicants must belong to the state body, yet under the method of reorganization if adopted now every member of the club, with one exception, would be legislated out of the State Society. Apropos of this point, and bringing up the question of a broader basis of membership in all the societies, we are glad to give place to the following note from Dr. Charles A. L. Reed, the noted surgeon of Cincinnati, an ex-President of the American Medical Association:

Cincinnati, July 25th.

Dear Doctor Coe:

Accept my thanks for a copy of The Sentinel containing an account of the proposed reorganization of the profession in Oregon. The comments are certainly to the point. The conditions of the Woman's Medical Club is certainly analomous, and only tends to strengthen my conviction, slowly forced upon me, that the only tenable basis of organization is to make membership possible to every legal practitioner. The desired results, I am sure, will follow, although some hardships may be encountered in their realization.

Sincerely,

CHARLES A. L. REED.

Dr. I. N. Love Prospers.

In the August number of the Louisville Monthly Journal of Medicine and Surgery, Dr. Joseph M. Mathews, former president of the American Medical Association, and of half a dozen other large organizations, and President of the State Board of Health of Kentucky, in an editorial correspondence from New York City has the following:

"The moral of this is, doctor, take a rest, and don't take life too seriously." The latter part of the above sentence is a quotation from a remark so often made by the brilliant editor of the Medical Mirror, Dr. I. N. Love.

By the way, that reminds me of his wonderful success here in New York, of which I have had a personal demonstration in the last few days. One would think that perhaps the most difficult feat to accomplish would be for a doctor to immediately rush into business here among the "wise men of the East." But this Dr. Love has done. In common parlance, he has "caught on," and you cannot "down him." But this is not to be wondered at when we consider the extensive acquaintance he has with the medical profession throughout the State. I am not over stating it in saying that he is the best known man in the medical profession in America. As I watched him a few days ago dispatch business, I thought of what could be accomplished by some one of the large insurance companies if they could secure his services as referee. A personal acquaintance with thousands of doctors, and a capacity for work scarcely equalled—think what he could do in this line.

But I do not intend to allure doctors away from their homes, and

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cause a stampede to the East, by reciting this good fortune of Dr. Love. Far from it, for my observation of things medical here has taught me that the average doctor has a hard road to travel. But, outside of the "bread and butter" question, this strenuous life led by the New York doctor is a killing one."

The officers of the Spokane Medical Society are: President, Chas. S. Kalb, M. D.; First Vice-President, John L. Smith, M. D.; Second Vice-President, N. M. Baker, M. D.; Secretary, Geo. A. Gray, M. D.; Treasurer, Edwin L. Kimball, M. D. The society is flourishing.

The present officers of the City and County Medical Society are: Dr. C. H. Wheeler, President; Dr. A. C. Panton, Vice-President; Dr. A. D. Mackenzie, Secretary; Dr. O. S. Binswanger, Treasurer.

Herpes Genitalis.

W. F. Robinson states that caustics should never be used, as grave ulceration may follow their use. He employs the simplest antiseptic washes and observes cleanliness by immersing the parts in a warm boric acid solution or bathing with the same twice daily and dusting afterward with the following:

℞ Europhen,
Acidi borici, aa ʒ j.
M.

Duhring recommends the following:

℞ Zinci sulphatis,
Potassii sulphidi, aa ʒ ss.
Spir. viin rectificati, ʒ j.
Aq., ʒ vij.
M. Sig. Shake and apply frequently.—Jour. Amer. Med. Asso.

Thrush Complicating Dentition.

The following combination has been used with good results in treatment of thrush in infants:

℞ Tinc. moshi (musk), gtt. iv.
Aq. calcis,
Aq. lactucarii, aa ʒ ij.
Syr. simp., ʒ j.
M. Sig. Two teaspoonfuls every three hours.—Jour. A. M. A.

Haemoptysis.

℞ Potassi bromidi, ʒ ij.
Chloralis, ʒ j.
Syr. acaciae, fl. ʒ iv.
Aq., q. s. ad fl. ʒij.
M. Sig. Two teaspoonfuls in water at once, and then one teaspoonful every hour until patient becomes quiet.

Indications.—To be used if heart is rapid, strong and patient is excited. Ice bag or coil on chest.

℞ Tinct. aconiti, m iv.
Aq., fl. ʒ j.
M. Sig. Teaspoonful every hour until pulse becomes quiet and compressible.

Indications.—Used to quiet excited, overacting heart.—Ex.

Piles.

℞ Acid tannic, gr. v.
Cocainae mur., gr. ij.
Petrolati, ʒ iij.
M. bene et ft. ungt. Sig. Apply as often as needed.—Lanphear, Ex.

Anaesthesia of Urethra.

℞ Cocae, 1.
Aq., 10.
M. Sig. Apply.—Herman, Med. Rec.

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EDITORIAL STAFF

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Henry Waldo Coe, Portland	Ex. Com.	
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A. C. Smith, Portland	Ex. Com.	
W. F. Amos, Portland	Ex. Com.	
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L. Bernheim, Butte, Vice-Pres.		MONT. STATE MED. SOCIETY
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Of Interest to State Boards of Health

Without vouching for the accuracy or inaccuracy of the following scientific dialogue between a reporter of a leading city daily and a physician of a neighboring small town, the Sentinel inserts it as indicative of an interesting condition of affairs for the State Boards of Health to deal with:

"I understand that there is smallpox in this country," said the reporter.

"I have just come from the worst case that I have had yet,' said the doctor.

"Are there many cases about here?".

"The whole country is full of it, but it is in a very mild form, and is not much to be feared. There are three or four cases right here in town, and I cannot say how many in the country around. I really know of but few families here who have not smallpox now or have had it since last Fall."

"What precaution do you take against its spreading?"

"None. It is so mild that the people do not dread it, and there seems to be no use of raising any trouble about it. I tried to have the first few stay in their houses, but they would not do it, so I gave it up and let them do as they please now."

"Then a large number of people that go to the city and other places must be infected?"

"Of course they are, but I don't see that that makes much difference.

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The leading doctors of the world say that smallpox is growing milder and milder, and will finally die out."

After talking to the doctor for some time, it occurred to the reporter that a physician's clothing might carry as many germs as those of an ordinary man. "I may get the disease from you," he said, stepping back at a safer, more discreet distance. "Or do you disinfect your clothing before you leave the house?"

"Why, I never bother about anything like that, and I don't think there is any need of it," he responded. "If you are going to get it, you will get it. Two of my children have not even been vaccinated, and they run around where it is all the time. I go and visit cases and come home and hold them on my knee, and still they do not get it. My wife goes with me to see most of the cases, and neither she nor the children have it yet. You are as liable to take it trying to avoid it as in any other way."

The Need of a State Board of Health

Never before in the history of Oregon has the need of a proper State Board of Health been so keenly felt, and unless the wrong is remedied and an efficient one established, the want will grow more and more imperative.

Each State has its several courts of law, with their Supreme Court over all, in order to secure a uniform and efficient method of dispensing justice, and controlling the various diseases of the body politic. In the same way should each State have its several Boards of Health, with the State Board as the final arbiter, working together on the most efficient lines for the control of preventible diseases.

As uniformity of action and results is the one great aim of civil and criminal laws, so should it be the great aim of medical laws. This can only be secured by having a Board of Control, whose duty it is to watch over and guard the health interests of the State.

The United States guards with jealous care her ports of entry, and each State is in duty bound to care for those within its borders, as is the parent government to protect them all collectively from outside contamination. We say *in duty bound* advisedly, and any State who neglects to assume such burdens is, to put it mildly, a disgrace to the parent of all, and to her sister States.

What difficulties are in the way? Has Oregon no physicians of merit who could constitute this board? We think not. There are physicians in this State who have devoted much of their time and not a little of their treasure in preparation for just such work.

Has the medical profession been negligent and failed to bring this matter forcibly before the law makers of the State? Emphatically no. If there is any one thing that the profession, as individuals

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and collectively, have advocated it has been that of a State Board of Health.

Lack of funds, a popular political cry, has no foundation, either in fact or in justice. Oregon has sufficient funds for any such outlay, which would only be nominal, and she has no more right to neglect efforts for the suppression of disease, than she would have to neglect proper measures for the suppression of crime, which in most cases is but one of the many varied forms of disease.

The fault lies in the parsimonious brain of the professional politician. He has failed so far to see in what way the creation of this board could further his own selfish interests. There is no one who can turn him a sufficient bounty in votes to interest him in furthering a measure beneficial to every one of his constituents.

However, there is one plain duty for every physician in Oregon to perform, and that is to constantly bring before the people of his own community the urgent necessity of a State Board of Health. The Sentinel has, time and again, advocated this measure, and stands ready to help, in any way possible any method that will hasten its accomplishment, feeling, as it does, that its creation will secure the most important agent that can be had for the successful control of disease, by securing uniformity of action through a board which will be responsible for the control of diseases throughout the state.

Thrombosis of the Femoral Vein in Typhoid Fever.

This is best treated by elevating the part and keeping it at perfect rest. The following ointment may be applied along the course of the vessel three times daily:

℞ Ungt. ichthyol,
Adeps lanae hydros. aa ʒ ij.
Ungt. belladonnae, ʒ ss.

After the swelling has subsided an elastic stocking should be worn for a couple of months.—Anders, "Practice of Medicine."

Gout.

℞ Lithii benzoatis, ʒ iiss.
Sodii phosphatis, ʒ v.
Tinct. colchici sem., ʒ iiss.
Aq. cinnamomi, q. s. ad ʒ iv.

M. Sig. Dessertspoonful (10 c. c.) two or three times daily.—Butler, Med. Rec.

Acute Gastrointestinal Catarrh.

℞ Creosoti, m xij.
Tinct. opii camphoratae, ʒ iv.
Bismuthi subnitratis, ʒ iij.
Pepsinae scales, ʒ j.
Syr. aurantii corticis, m xxx.
Aq. menth. piperitae, q. s. ad ʒ iij.

M. Sig. One teaspoonful every two hours for a child of two years. Vary with the age and severity of the case.—Med. Rec.

Prostatic Hypertrophy.

A formula quoted from Guiteras by the Med. Record is:

℞ Tinct. belladonnae, m. viiss.
Potassii acetatis, gr. xv.
Aq. menth. pip., q. s. ad ʒ j.

M. Sig. This dose t. i. d.—The Med. Fortnightly.

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ORIGINAL ARTICLES

INFECTED WOUNDS

By W. T. PHY, M.D.
Baker City, Oregon

Read before the Eastern Oregon District Medical Society at Hot Lake, Oregon July, 1902

Nearly anything that may be said along a medieal line has already been said. Nearly any subject that may be selected for discussion has been attacked from every conceivable standpoint—in fact, "There is nothing new under the sun." We solve a new method of accomplishing an end and are chagrined to learn that other men in former years have used the same expedient with varying results.

"Dr. A." becomes expert in the use of some drug, appliance or surgical technique and contributes a description of it to a medical journal. "Dr. B." tries it without good results, yet he, "Dr. B.," accomplishes the same results as did "Dr. A." by an entirely different drug, appliance or surgical procedure.

Our text-books recommend pilocarpine for uraemia. We look up the dose of pilocarpine and find it to be 1-12 to 1-3 of a grain every four hours. "Dr. C." is called to a case of uraemic coma, selects the middle ground and gives 1-6 of a grain of pilocarpine, waits three hours and repeats the dose; he applies other measures in like manner without results. The patient expires—nothing more could have been done (?). The very best remedial agents were used. But had "Dr. C." been thoroughly familiar with his drug, its physiological action and toxic symptoms, he would have given it in the maximum dose, watched his man for twenty minutes, and if he did not react, repeat the dose, and so on, until there was a response.

A surgeon recommends his particular operation for a given condition and hastens into print with it. A brother surgeon tries it, lacks expertness in his technique, his patients are tried, his results not good, and he denounces the operation.

One practitioner uses digitalis in a certain class of heart lesions, is expert with it, while his neighbor pins his faith to strophanthus. Thus the practice of medicine and surgery, after we have surmounted the basic principles, becomes one of individual methods.

"All roads lead to Rome."

The eyes of all physicians are turned toward that Mecca, Health, though they look from very different directions.

There is dished up to us in col-

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leges and text-books the implements with which we are to combat pathological conditions. If we were about to depart on a hunting expedition and should go to the gun store for a weapon, we should be confronted by a great array of firearms, from the simple air gun to the Spanish Mauser. In selecting our gun, we would be particular about the weight, length of barrel, amount of powder and size of ball. We would want to know the velocity and power of penetration at different ranges—in fact, we would want to know the physical characteristics, physiological action and toxic dose. And so it should be in the selection of drugs, surgical methods and other curative agents. We should select them with extremest care and then go into training to reach the greatest possible degree of expertness in their application.

How many of us prescribe our remedies always with an exact knowledge of the physiological action in varying doses and under different physical conditions?

From the standpoint of an individual method and as a basis for discussion, I wish to remark briefly concerning the use of carbolic acid in the treatment of infected wounds, which, in spite of the rapid advance of surgical methods, occurs with regretable frequency in the experience of every physician. The principal causes of infection in wounds may be enumerated as—

Ignorance of the laity.
Contusion of tissues.
Manner of infliction.
Improper first dressings.
Improper after treatment.

One of the most deplorable things in the treatment of wounds is the very apparent lack of familiarity of the great mass of people with even the first principles of surgical cleanliness. We can recall instances of wounds, primarily clean, which have been made filthy by being dressed for days with chewed tobacco and bandaged with a dirty bandana.

Extensive contusion of tissues is frequently responsible for infection by decreasing their natural resisting power, thus permitting contamination by the normal bacterial inhabitants. Wounds inflicted by unclean instruments must be dealt with from the beginning as cases of infection. Wounds that are primarily clean may become infected by the decomposition of retained blood clots from uncontrolled hemorrhage. Wounds made aseptic by the surgeon or those that are primarily clean may become infected by lack of attention to drainage and indifference to aseptic methods at subsequent dressings.

I shall not take your time with a discussion of the different kinds of infection, their pathology and morbid anatomy. Suffice it to say that wherever there is pus or the product of infection, evacuate it at the earliest possible moment without waiting to determine whether the bug be staphylococcus or streptococcus.

For extensive wounds at first dressings general anaesthesia is indispensable and should be employed more frequently than at present. In the treatment after evacuation, I use carbolic acid because it is a safe and efficient cauterant, disinfectant or deodorant, according to strength and manner of its use, its action being at all times under perfect control by the use of its antidote, alcohol. The manner of its use as employed in the extensive clinic for infected

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wounds of Prof. Seneca D. Powell of New York, and which I have been many times delighted with in the last few months, is about as follows.

Solution for sponges, instruments and the hands, 5 per cent.

For limited cavities when its action can be watched, represented by carbuncles, small flesh wounds, bone granulation and palmar abscesses, use 95 per cent solution on a cotton swab, disinfect the surrounding skin with same solution; when the tissues turn white from coagulation of the albumen neutralize with alcohol, afterward irrigating with 5 per cent solution. If there is much infiltration around the wound, use parenchymatous injection of 2 per cent solution, pack the cavity with gauze, apply oiled silk over dressing and keep moist with 2 per cent solution. When the dressings are changed at the end of forty-eight hours, we shall be delighted with a perfectly clean granulating wound. For larger cavities, when pus has burrowed into deeper tissues, use an emulsion of a dracham to the ounce of water ,neutralize with alcohol, irrigate with 2 per cent solution, pack and keep moist as before. For irrigation in septic abdominal cases, use 2 per cent, followed by thorough flushing with sterile water. Dressings kept moist with a 2 per cent solution may be employed continuously with impunity; a stronger solution will cauterize. The moist dressings are useful to promote drainage and are disinfectant by prolonged application, inhibiting microbic proliferation.

I limit the use of carbolic acid only by the number of infected cases that come under my care, and with it can begin the treatment with the same anticipation of an early termination that I do when I administer antitoxine to a case of tonsillar diphtheria.

I shall omit statistics, as they are monotonous and prove nothing, or everything depending largely on circumstances. Remember, I do not believe this to be the *only* method for treating infected wounds; but for me and for the present, at least, it is the best.

I think that carbolic acid has been the most abused drug in the materia medica. It has been the habit of a great many physicians and nurses in making solutions to put "a few drops" of carbolic acid in "some" water.

Carbolic acid will admit of as definite solutions and will produce as uniform results as any drug of which I am acquainted. I have studied the cases of Dr. Powell, have watched his work in his clinic in New York, and, from my personal experience, I believe the cases of gangrene which have been reported following the use of carbolic acid were due more to the inexperience of the operator than to the remedy.

Pelletierin Tannate in Tapeworm.

The following combination containing pelletierin tannate has been used with almost uniform success in treatment of tapeworm, but it disturbs the stomachs of some patients:

℞ Oleores. aspidii. ʒ iv.
Ol. terebinthinae, ʒ ij.
Pelletierin tannatis,
Spir. chloroform, aa ʒ j.

M. Sig. Shake well. One teaspoonful in the morning on an empty stomach followed in about two hours by a saline cathartic.—Jour. A. M. A.

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A RUDIMENTARY UTERUS FROM A CLINICAL STANDPOINT

By L. T. BROCK, M.D.
Sumpter, Oregon

Read before the Eastern Oregon District Medical Society at Hot Lake, Oregon July, 1902

The existence of an intimate relationship between diseases of the female generative organs and morbid conditions and functional disorders in other parts of the body was known and appreciated in the earliest days of gynecology. The older gynecologists, guarded as they were by their clinical observations alone, and mislead by false pathology based upon speculations and guesses, regarded these conditions and disorders as expressions of mysterious symptoms or nervous influence that these organs, when diseased, exercised over remote parts of the body. For many years such obscure, vague and indefinite explanations satisfied the arm-chair theorist, and furnished guidance and consolation to the office gynecologist and his patients.

So long as our knowledge of pelvic diseases was limited to conjectures suggested by the position and condition of the uterus, and the character of the vaginal discharges, the appearance of the os, etc., our treatment was confined to applications, poultices, injections and sedatives. These unsatisfactory and untrue explanations cannot be said to be absolutely harmful, but, with our present conception of the pathology and surgical treatment of pelvic diseases and disorders, it is both possible and necessary to obtain a clear understanding of these remote symptoms and complications, and the serious consequences of overlooking and misinterpreting are emphasized today by many sufferers from an unnecessary, ill-advised and poorly planned or neglected operation. The complaints of these sufferers not only remind us of actual errors or oversights which we should strive to avoid, but often serves unfairly as texts for remonstrance against surgical treatment in general. Tempted, and sometimes mislead by the allurements of the more brilliant life-saving procedure, I believe we are prone to forget that the ultimate fate of our patients, our own reputation, and the further advancement of surgery depend to-day more upon our correctly interpreting these symptoms and our prevention and proper management of these complications than the devising of any newer and quicker methods of removing pathological or abnormal specimens. The patient may soon forget the length of time spent in bed and lose interest in the size or the location of an operative scar: but neither the patient nor her physician can banish from their minds the misery and suffering resulting

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from an imperfect diagnosis, or an uncalled-for or neglected operation.

The case which I shall take up to-day is one of no little interest, to me at least, and one which I shall term a rudimentary uterus, which is often accompanied by a similar condition of the ovaries, vagina and other female organs, and in such cases the vagina will often be found as a cul-de-sac only one or two inches deep, and under circumstances of this kind, from sexual efforts, long and persistent, it often undergoes great elongation and development. When this fails, the urethra undergoes dilation, and being penetrated by the virile organ acts as a vicarious vagina. The rudimentary uterus usually appears under one of these forms: I. A thin membraneous expansion spreads from the extremities of the Fallopian tubes and round ligaments toward the vagina. II. A round, hard, two-horned body marks the site of the uterus; or a flattened, crescentic line of tissue occupies the site of the uterus, extending across the pelvis with the convex surface looking upward. III. The cornua may exist with cavities within them, while the body and cervix uteri are both very rudimentary in their development. This last is somewhat the condition of the uterus under consideration. Since the days of modern gynecology, this abnormality has been found to be of not very rare occurrence. Previous to that period many cases went undetected because uninvestigated. The attention of the physician is usually drawn to the existence of the fact through learning that the girl, arriving at 16 or 17 years of age, has never menstruated, and, her relations having become apprehensive, or marriage is anticipated, and the girl or her mother, unwilling to assume the responsibility while mystery exists with reference to so important a subject, desires investigation. Or the girl may suffer from uterine enlargement, the result of retained menstrual blood, and the girl is accused of illegitimate pregnancy; or, more than all, marriage has been contracted and entered into, the husband not having been candidly dealt with, and, proliferation not being the result of the union, he brings the wife for an examination, which was the circumstance in this case, to some extent. In such cases the physician's duty, if he is aware of the facts before marriage, is too clear to require mentioning. So gravely does the law regard a fraud of this nature that it is considered a sufficient ground for divorce. That, also, is an element in this case. The woman under consideration was born of healthy and robust parents, being one of four girls, two of whom were mothers. Arriving at the age of maturity, she had symptoms of menstruation every two or three months for some two or three years. Having arrived at the age of 17, she began to have her menstrual discharge, but a small amount and with great pain. This condition existed for three years, when, at the age of 20, she married a strong, healthy, robust man, 27 years of age, who was very desirous of having heirs. None were forthcoming after three years of anticipation, during all of which period menstruation came on with more or less regularity, but was so painful that it was almost unendurable, and her attending physician gave her sufficient morphine to control the pain, and she became to some extent

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addicted to its use. For that and the dysmenorrhea, together with the sterility, she was taken to the city and placed under the care of one of the best gynecologists in the country, and he diagnosed the case as immature uterus, and under the circumstances he advised hysterectomy, assuring the patient that her suffering would continue and pregnancy was an impossibility under the circumstances; but a monetary consideration prevented the operation, and another physician was consulted, who was equally as prominent as the former, and he made the same diagnosis and recommended the same treatment as the former physician had, telling her that she could never become a mother. While it is said, and I presume truthfully said, that a drowning man will grab for a straw, a woman in equally perilous straits will try another doctor. So this woman came to me and gave me a history of her case, telling me at the same time that she had no money to speak of to spend for treatment. I made an examination and found the ovaries about the normal size, and could outline them very readily, and the uterus, such as it was, was in normal position and locality. I inserted a sound into it to the fundus, and it was just one inch from the external os of the fundus, and would admit only a very small sized uterine sound. Palpation by vagina and rectum proved clearly that one inch was the size of the organ, and I told the lady I could see no possible chance of her ever becoming a mother, but I thought that her uterus might be dilated to such an extent that her menstruation might be made endurable without the use of morphine. She then told me what her other physicians had told her, and that they did not give her any encouragement as I had done: but, inasmuch as I had said that I thought dilation would relieve her suffering to some extent, during her menstrual period, I stayed with it, and a line of treatment was talked over, and I was engaged as her physician. I made an appointment with her for the following day, and during that time she prepared herself and found a desirable place to room. She kept her appointment to the minute. I gave her an anesthetic, and dilated her uterus as much as was necessary, and it looked just about the size and shape of a lady's thimble. I packed it with gauze and left the ends hanging out of the vagina, telling her that if she experienced much pain to remove the dressing. She returned the next day at the appointed hour. In the meantime I had consulted the physicians to whom she had been, and they told me the conditions just as I had found them, and the only way by which, in their opinion, she could be made a well woman was by hysterectomy. She returned at the appointed hour, and she had not removed the dressing, inasmuch as she had experienced no pain, but had symptoms of being unwell, as she explained it, so I removed the dressing and dilated her uterus as much as I could without an anaesthetic, and repacked it and told her the same as I had before, and for her not to return for two days. When she did return she had experienced some pain and had removed the dressing. I then placed within the uterus an electrode and externally over the fundus a sponge attached to a Faradic battery, and treated her thus for about fifteen minutes every day for seven days, and at the end of that time

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she menstruated, but was practically free from pain—so much so that she did not take any morphine. As soon as she ceased menstruating I commenced with the electrode again, and treated her every day, with the exception of two or three which I missed, for twenty-two days, when she menstruated again with less pain than before. I continued the treatment for three months. During that time she did not take a dose of morphine, and claimed that her menstruation for the last period was no more painful than her lady friends said theirs was. At that time the uterus was twice the size it was when I commenced the dilation and electric treatment. She then dropped out of my sight, and I did not see her for more than four years. One day a lady came into my office and called me by name. She put out her hand to shake hands with me, and made the remark that I evidently did not remember her. She then told me who she was and recalled the circumstances of her treatment. While she was pale and looked as though she had been sick, she looked much better in every respect than she did when I first met her four years previously. She gave me the history of the past four years, and told me that what I had told her had proven true, as she had never been pregnant, and that her menstrual period was endurable, and she had not taken any morphine, except in two or three instances, when she had contracted a cold during her period, when it was very painful. She also told me that she had just recovered from an attack of typhoid fever about one or two months before, and that she had not menstruated since she had been stricken with the fever, but that her physicians told her that it was due to the fever, and she asked if it were possible for her to be pregnant. I told her as I had told four years previously, and as the other doctors had told her, it was an impossibility for her to ever become a mother. I met her on the street a number of times, but did not think anything more of the circumstance, until one night about 10 o'clock her husband came for me, saying that his wife was very sick and was taken something like she had been four years ago with her menstrual period. He wanted me to come and dilate her uterus, as I had done before; but, as I was tired and sleepy, I gave him two or three doses of morphine and told him to give it to her one or two hours apart, and if it did not relieve her I would then come and do something for her. About 3 o'clock the next morning he came and told me that his wife was no better; that he had given her the morphine, and that she had been suffering just as much as she did before she had been treated; so I went with him, and saw at a glance that she was in great distress and had all the objective symptoms of an abortion. She had been flowing some, and pains came on every three or four minutes, and had I not known, or thought I did, that she was not pregnant, I should have made a snap-shot diagnosis of an abortion. As soon as I could prepare my hands I made a digital examination, and my hand came in contact with a hard lump, which felt very much like the head of a foetus; so, at the crisis of the pain, I made some traction on the object and it moved, so I made more traction, and delivered her of a foetus six or seven inches long, and which

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should have been at least three months old. Her pains ceased, and she made a rapid recovery. In about six weeks she menstruated, and has menstruated every month since that time, which has been about eighteen months, with no pain or other disturbance. Her uterus seems to be perfectly natural and of the normal size and depth. She has been living with her husband continually ever since, but has never become pregnant, which, no doubt, is her voluntary fault.

I consider the development of the rudimentary uterus due to the dilation and the treatment by the Faradic current, and if I ever have another parallel case I shall try the same treatment.

Use of Menthol in Gastritis.

G. E. Campbell, in St. Paul Med. Jour., has used menthol in cases of gastrodynia eructations, distension, cardiac distress and vomiting. He states that the object in such conditions is to neutralize the excessive acidity and relieve the hypersensitiveness of the organ. He recommends, to meet these indications, the following combination:

℞ Menthol, gr. ⅛ to 2.
Sodii bicarb., gr. 10-15.

M. Ft. chart. No. 1. Sig. To be given one-half hour before meals. He recommends the administration of pepsin after meals in some form.—Jour. Amer. Med. Asso.

Dipsomania.

℞ Quininae sulph.,
Zinci oxid., gr. 2.
Strychninae sulph., gr. 1-40.
Acid. arseniosi, gr. 1-100.
Pulv. capsici, gr. ij.

M. et ft. pil. No. j. Sig. One pill t. i. d.—Mann, Ex.

Amenorrhea.

Huchard orders that the lumbar region be rubbed, on retiring, with:

℞ Cloroform, ʒ iiss.
Ether, ʒ v.
Spir. camphor, ʒ iij.

This is to be supplemented by mustard foot-baths, sinapisms to the internal aspect of the thighs, and vaginal injections of water from 125 degrees to 120 degrees F. As a tonic he gives:

℞ Ferri et potass. tart., ʒ iss.
Aloes socot., gr. xv.
Ext. absinthii.
Ext. artemisiae, aa gr. xxx.
Ol. anisi, gtt. iij.

M. Ft. pil. No. 50. Sig. Two after each meal.—Jour. de Medecine de Bordeaux.

To Check the Diarrhoea in Typhoid Fever.

℞ Acidi carbol.,
Ext. opii, aa gr. j.
Bismuthi subnit., gr. xviij.

M. Ft. pil. No. vj. Sig. One pill t. i. d.—Jour. A. M. A.

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TREATMENT OF APPENDICITIS

By PARK WEED WILLIS, M. D.
Seattle, Washington

Read before the Washington State Medical Society at Tacoma, Washington
June, 1902

The general belief of the medical profession in regard to the treatment of appendicitis has undergone great changes during the past ten or fifteen years. Formerly it was considered a medical disease in which surgical aid should be invoked as a last resort in case of general peritonitis, or to open an abscess when the patient was fortunate enough to have that termination. At present there are medical men of all shades of opinion, from those who would never operate except when the issue is forced, to those who consider surgery the only proper means of relief in any case. The ranks of the former class, however, are thinning out, while those of the latter are increasing with great rapidity. The treatment advised will depend somewhat upon the circumstances, such as the surroundings of the patient—that is, his accessibility to proper hospital facilities—the acuteness and severity of the attack, the stage of the disease, and the age and general condition of the patient. In the ordinary case, however, without any special contra-indications, the patient's best good is subserved by an immediate operation. Many will say that this is extreme, and unnecessarily radical treatment; but it is my firm belief that if this were more generally practiced where the conditions are favorable, many lives would be saved. If we pause and consider the condition as we find it, both operative and post-mortem, we can see the reasons why this should be so. A mere inflammation of a small, and probably useless, organ like the appendix is, in itself, not dangerous to life; but when this condition is present, the lumen of the appendix is filled with pathogenic micro-organisms, and if this inflammation is allowed to continue, no human being is able to tell when these micro-organisms will escape from the appendix through perforations and thus invade the peritoneal cavity. When this occurs, one of two things is the result—general peritonitis, usually ending in death, or the more fortunate ending of abscess formation.

Every one must admit that a great many cases of appendicitis recover without operation, and I believe a considerable number without treatment. This is the siren that allures so many from the path of duty and makes them content to treat their patient with appendix intact, although they have no knowledge of what moment that individual may step over the precipice of appendix perforation to almost certain death. On the other

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hand, there is almost no danger from the operation. If an appendix is found which would have recovered temporarily, the patient is benefited by having it removed and with it the dread and danger of a future attack. If one is found which is progressing rapidly toward gangrene, no one, not even the strongest exponent of medical treatment, would question the fact that the surgeon had pursued the only proper course. If the rupture has already taken place, the patient still has been given the best chance for his life. At this point I wish to say that the common error is made, especially by the laity, of placing the operation as the cause of death, when, in reality, the cause is peritonitis due to infection from the appendix and which the operation failed to relieve. In this discussion it is taken for granted that it is a clean operation under the best of conditions, because I do believe that a dirty operation is almost as dangerous as a perforated appendix, for it is only a difference in the direction from which the microorganisms come.

There are some conditions which contraindicate operation even in this day of radical treatment. If the patient is not accessible to a proper hospital and to good surgical assistance, in most cases it would be advisable to place them on medical treatment until they have reached some proper place for operation. If the attack is very mild or if the disease is chronic, the patient's own convenience in some cases may be considered in the question of treatment. In the very old it is wise to avoid surgical operation if possible. Some constitutional diseases and pregnancy are contraindications in mild attacks. In pregnancy, however, if the attack is at all severe, early operation is imperative, and will usually save both mother and child.

In regard to technique, the first and most important point is to secure as near as possible perfect ascepis in every step of the operation. The more recent advances in this particular have been to prevent infection by the hands of the operator or assistants. After the very thorough scrubbing of the hands as formerly practiced, rubber gloves are worn, which meet the gown sleeves at the wrist. When these are used properly, there is practically no chance of infection from that source. The point of the incision varies with the site of the appendix. In the majority of cases I like to go through the rectus muscle, separating but not cutting its fibers. As to the length of the incision, I learned from Dr. Deaver and have practiced for some time two distinct operations. If it is a case in which we are certain that there is no perforation, a very small opening two inches or less in length will be sufficient. On the other hand, if a perforation or pus is suspected, it is well to make a large incision three to five inches in length, and then pack several large pieces of gauze underneath the abdominal wall around the appendix, so that if pus is found it will be shut off from the peritoneal cavity. After the appendix is removed, and that part of the cavity thoroughly cleansed, the gauze can be removed. If there is no abscess, the wound should be closed without drainage, which, of course, is absolutely necessary in case an abscess is present. In most of my cases I leave from one to two pints of salt solution in the abdominal cavity.

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The appendix is removed in the following manner: After tying the mesoappendix with cat-gut, a purse-string suture of fine silk is placed on the cecum, including the peritoneal and part of the muscular coat, around the base of the appendix. Then, with sponges around and a clamp on the appendix, the latter is severed about one-quarter to one-half inch from the cecum, the end inverted and the silk suture tied. A Lembert suture is then placed over this for additional security, and this often includes the stump of the mesoappendix, thus covering all raw surfaces with peritoneum. The abdominal wall is closed by tier sutures of formalin Cumolized cat-gut and a silkworm-gut subcuticular. In case there is an abscess, it is sometimes unwise to disturb the appendix, but in the great majority of cases it is better surgery to remove it.

In the after treatment the patient is allowed water as soon as it can be taken without producing nausea, and sometimes where the nausea is great, a large quantity of hot or cold water is given to wash out the stomach. Usually from six to twelve hours after the operation the administration of calomel in small doses is begun, and that with other purgatives continued until the bowels are very free. No nourishment of any kind is allowed until after the bowels have moved, and then usually broth of some kind, followed by buttermilk or sweet milk. After four or five days, light diet, and in a week, full diet is allowed. Opium is not given. The pain following the operation can usually be relieved very much by the use of hot turpentine stupes over the epigastrium just above the dressing. If for any reason the development of peritonitis is feared, ice is kept on the abdomen. Patients whose wounds heal by first intention remain in bed three weeks, and when allowed to get up the scar is strapped with adhesive plaster. In case drainage has been used, the patient is kept in bed until the wound is completely healed, usually five or six weeks. When the patient, for any reason, is not operated upon, I think the best treatment is rest in bed, with either poultices, turpentine stupes, or ice to the abdomen, and nothing by mouth except water and salts, and if the latter is not retained, calomel. The bowels should be made to run very freely, and no nourishment allowed until the inflammation begins to abate.

There is one class of cases in which operation is of doubtful utility. These are patients who have, for some reason or other, been neglected until they are almost moribund, or at least have a general peritonitis. It has been my experience that operation fails to save these patients, and in the future I will treat them according to the practice of Dr. Oschner, who washes their stomachs frequently and otherwise gives the stomach and bowels absolute rest. The latter result is attained by omitting everything by mouth, including nourishment and purgatives.

During the past year and a half I have treated thirty cases of appendicitis, operating upon twenty-four, and with recovery in all cases except one. This was a woman with a very pronounced mitral murmur and lack of compensation. She died of pneumonia two days after the operation. The youngest patient was 5 years old, and the oldest 77. They were all acute cases except three, which were

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operated upon between attacks. In one patient, operated upon thirty hours after the initial symptoms, a young woman with her first child three weeks old, the appendix was found perforated. This perforation took place just twenty-four hours after the first symptom, which is the earliest that has come under my personal observation, although undoubtedly in some severe cases it does occur earlier. In two cases the gangrenous spots were almost, but not entirely, through, and the appendix was surrounded by purulent looking serum. This was cleansed out and the wound closed. In both there was a slight infection of the external wound. One patient did well for about two weeks, and then developed pains in the abdomen and vomited. This persisted for several days, but finally disappeared. Of the patients who were not operated upon, four had very mild attacks. One was 77 years old, with valvular heart disease, and one had chronic appendicitis with an acute exacerbation. This latter patient gave up her position as a school teacher and spent nine months as a semi-invalid, and at that time expected to have her appendix removed. For her choice of medical treatment she paid dearly in time, money and worry, with the addition of having her life in more or less constant danger.

In a recent magazine article, a prominent surgeon advises in case of the first attack to wait if possible and operate during the period of quiescence. This is not logical. There is danger, waste of time, and dread of operation, while absolutely nothing is gained. Operation early is as safe as that during the interim.

All the evidence is certainly in favor of an early aseptic operation, and in proportion as this is practiced in the future, the death rate from appendicitis will be decreased.

Rheumatism in Children.

℞ Sodii salicylat.,
Tinct. ferri chl., aa ʒ ss.
Glycerin, ʒ iss.
Ol. gaultheriae, gtt. viij.
Liq. ammon. citr., q. s. ad ʒ viij.

—Solis-Cohen, Med. Rec.

Gonorrhea.

As an injection the following is recommended:

℞ Bismuthi subgal.,
Pulv. acaciae, aa ʒ ij.
Aq. dest., ʒ iij.

M. Sig. Use as an injection every two hours.—Jour. Amer. Med. Asso.

Flatulent Dyspepsia.

℞ Bismuth salicylat.,
Magnesiae calcin., aa parts 2.
Pulv. carbonis salicis, parts 3.
Ol. anisi, part 1.

M. Sig. One teaspoonful half an hour or an hour before each meal.

If there is gastralgia:

℞ Syr. menth. pip., parts 250.
Acid hydrochlorici, part 1.
Cocain hydrochlorate, part 1-10.

M. Sig. A wineglassful before each meal.—Huchard, Ex.

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SOME OF THE CURABLE FORMS OF INSANITY

By ROBERT L. GILLESPIE, M.D.
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Medical Director Mt. Tabor Nervous Sanitarium; Member of the National Association for the Study of Epilepsy; Member of American Medical Association; Etc.

Read before the Montana State Medical Society at Anaconda, Montana May 21, 1902

There are few subjects that can engage the serious attention and consideration of the friend of humanity of more importance, and at the same time of more painful interest than the condition of the insane. The feelings of every one who is in the employment of that greatest of earthly blessings, a "mens sana in corpore sano," are enlisted on behalf of the poor soul who, bereft of Nature's light and guide, is degraded below his species, and reduced to the level of the beast which perisheth. Man's boasted prerogative denied, the hapless lunatic wanders, frail and uncared-for on the shores of this great universe, depending for very existence upon the sympathy of those more fortunate. He is but a child in their hands, and the responsibility is a great one to win him back to light and reason by kindness and protection and treatment appropriate.

Psychiatry, or the science of mental diseases, is one of the fruits of the 19th century, and one cannot help but think that the condition and care of the insane in the past is a blot upon our civilization. The progress of this science within the last decades may, however, be contemplated with some degree of satisfaction, and with a strong confidence that the stream of knowledge will be poured out in still fuller volume in the years to come. Maturer studies and better reasoned treatment are gradually enlarging the class of mental disorders that are curable; by this study we are enabled to oppose the production and spread of these maladies, and general information about their causes will directly contribute to the well-being of the community.

Derangement of mind has in all ages had no inconsiderable influence upon the course of history and the development of civilization; there is much in society that is mentally unwholesome and many crazes that psychiatry can show how to avoid. That insanity is a disease of a particular organ, biologically indistinguishable from a somatic disorder, was in former times not understood. The notion of madness was mixed up with religious faiths and metaphysical theories. Thousands were burned at the stake, simply because men were not so far enlightened as to recognize that their victims were mentally sick, instead of being, as they imagined, bewitched and pos-

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sessed by devils, and it was not until the end of the 18th century that the sad veil of superstition began to be lifted. Alienists today no longer regard mental and bodily maladies as distinct. In the majority of bodily diseases some affection of the mental powers is observable, so that no scientific physician will ever over-look the importance of psychical influences. On the other hand, bodily symptoms occur in by far the greater proportion of cases of insanity. Thus mental and bodily disease are quite inseparable, and a rational treatment of psychoses must be based upon a solid foundation of general medical skill. The bodily symptoms associated with insanity are naturally exceedingly numerous, but many are only incidental and non-characteristic; other again are of great importance, as their treatment and relief often results in a restoration of reason to the unfortunate subject.

Disturbance of sleep, perhaps, is the most important, as we find insomnia a characteristic symptom in by far the larger proportion of cases of acute insanity. Especially is this so in maniacal conditions, and hardly less frequent in melancholic states. It is especially one of the characteristic features of the excited period of the circular insanities. In some cases this lack of sleep seems to cause little comparative deterioration of the general physical condition; the patients often keep well nourished, and show no serious symptoms of exhaustion; in fact, they seem to become accustomed to this condition, and to make up, at least in some cases, for the lack of slumber which they have experienced by a prolonged period of stupor, or somnolence. I believe, however, that the "little comparative deterioration" spoken of is more apparent than real, for a study of the blood of the insane, which I am at the present time making, and hope in a future paper to elucidate, may reveal metabolic conditions calling for or guiding treatment. The exact relation between the blood changes observed—solvent resistance of red globules (isotomy) reduction of hemoglobin, alkalinity, etc.—and the insanity is not always clear; but anemic and chlorotic conditions may have a practical significance.

Nutrition generally suffers in acute insanity, but not always to the extent that might be looked for; this is not only due to the absence of the instinct of nutrition, but where there is great excitement, intellectual and motor, the waste is necessarily large, and is rarely fully made up for by the assimilation; with this we have loss of weight and, sooner or later, a gradual failure of the vital powers, which, if long continued, must lead to final exhaustion. With convalescence there is generally an increase in nutrition, and the patient takes on flesh to make up for what he has lost. When this long occurs, however, without a corresponding mental improvement, it is generally an unhopeful sign, and indicates that the case is passing into a chronic stage. In connection with this should be mentioned the disorders of digestion, which are very common, and constipation, which is a serious condition, the relief of which has often a vital effect upon the mental condition.

The pulse in insanity has been much studied, and my associate, Dr. Henry Waldo Coe, has a series of some five hundred sphygmographic tracings taken at our own

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institution for private care of the insane, at the Oregon State Insane Asylum at Salem, the Washington State Insane Asylum at Steilacoom, and elsewhere, which are interesting in so far as a study of the pulse is concerned. The pulse is decreased in frequency in many forms of melancholia, and in old cases of chronic depressive insanity. It is also decreased in certain forms of organic dementia. In many of these cases the tension is high; this is especially so in many of the more profound melancholiacs. A low tension pulse in this condition is said to have a worse prognosis than the opposite. In stuporous insanity it is also apt to be slow, with generally a lower tension, but this is not always the case. In fact, a high-tension pulse is rather common in these cases. In acute mania there is apt to be a quick, active pulse, due to the general excitement attendant on the condition, and in acute delirious mania it is exceedingly rapid and febrile in its character. The pulse in general paralysis has been much studied, and a rather typical series of sphygmograms have been described. In the early stages the arterial lesion is likely to be low, increasing in the second stage and sometimes continuing this even to its latest period. As a rule it may be stated that a high tension pulse, though common in some curative conditions, is not so favorable a symptom in insanity as is the opposite, since it indicates a loss of arterial elasticity, which, if permanent, is not a favorable symptom as regards recovery from the disease. The blood pressure has been held to be of much significance in depressed insanity, and its reduction an important therapeutic indication.

The diagnosis of mental disease is a very important matter, which is liable to come before the general practitioner at any time. It is the more important inasmuch as, aside from involving the health and physical welfare, to a very large extent, of the patient it also involves his freedom. The diagnosis is not always easy, and specific rules to be followed cannot always be laid down, as each case is a study in itself, and very much depends upon the tact and knowledge of human nature by the physician. A diagnosis of insanity made, then comes the more difficult question of classification and giving a prognosis to anxious relatives and friends. We know that insanity terminates in one of four ways: recovery—recovery with defect—passage into a chronic condition—and death. Recovery occurs in a certain proportion of cases, which is usually estimated at 30 per cent. or 35 per cent. The last report from the Oregon State Asylum being 30. In our own institution, with a limited number of patients, it is about 80 per cent., but it must be remembered that personal and individual attention is given, each patient is seen every day, examinations frequently made, changes noted and prescribed for, the same as you would for a patient in a fever ward. Cases passing into a chronic state are eliminated, as cases are rarely left in a private institution indefinitely without improvement. Statistics vary, for the estimation of recovery largely depends on the point of view, and the personal equation of the person making the estimate.

The forms of insanity that may end in recovery, and in which, we may even say, it is to be expected under favorable conditions are, the

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acute, toxic, and exhaustional conditions and the post febrile insanities. Simple melancholia and mania are also usually classed with the hopeful forms of insanity; in fact, they have long been reckoned as the most curable forms of mental disorder. Of late years, however, there has been a tendency to adopt a slightly different view, as it is claimed by some that they are generally, if not universally, based upon a degenerative taint, and their recurrence is almost inevitable. Their prognosis, therefore, as regards the future life of the individual, accepting these views as correct, can hardly be called a good one.

As regards mania in its truest type, separating it from cases of confusional insanity, etc., with which it has often been confounded, there seems to be considerable reason for these views. Melancholia, however, including all the milder forms which exist, probably includes a large number of cases that will correctly fall under this category of degenerative insanities. The point is comparatively a new one, and further and wider observation will be required before it is universally accepted. Mania is certainly hopeful as regards the immediate attack, and as a rule the more acute the attack, if another does not quickly ensue, the better the prognosis.

Melancholia, in the forms in which it comes into institutions, is also hopeful as regards recovery from the attack, and there is less reason to be discouraged, even after it has existed for a long period, than is the case with most other forms of insanity. I believe it is the most curable of all forms of insanity, but, while they last, these cases are dangerous, especially as regards suicide.

There is no limit to acute curable melancholia; more than any other form of mental disease it shows cures after a long duration of the symptoms, and the tendency to terminal dementia is less marked than is usually the case with the lapse of time and continuance of the mental derangement. These are especially cases that get well and stay well in private institutions, where they can have proper medical care and treatment, where they are treated as patients with an ailment of the mind away from the disagreeable surroundings of an asylum. These patients are supersensitive and, if once within an asylum, it haunts them to the end of their time.

Let me here make a little comparison; we will say, in state insane asylums, the percentage of recoveries is about 32 per cent., relapses are about 22 per cent., which gives a total of recoveries of 25 per cent. of all cases treated. In private care, under proper direction, we have about 80 per cent. recoveries, with 10 per cent. relapses, making a net recovery per cent. of 72 per cent.

The same argument obtains in cases of acute confusional insanity, when we have to deal with a condition of brain exhaustion and malnutrition, together with, in many if not all cases, an element of auto-intoxication. Here we should restore nutrition, secure rest and eliminate whatever toxine factors there may be that are actively or otherwise assisting in the perpetuation of the disordered condition of the brain. More than almost any other type of mental disease, these patients should be considered and treated as veritable sick individ-

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uals, and the methods of care and nursing applicable to such should be carried out. One of the first of these is to secure, as far as possible, mental quiet and rest in bed. I know in cases of acute collapse delerium it is difficult, but as a rule it is certainly advisable. This course requires the constant attendance of one or more nurses, and should be continued for such a time as the excitement and confusion are marked and the patient's nutrition suffers.

I will close with a few remarks upon that practically hopeless disease, "general paresis." I do this on account of having had on more than one occasion an opportunity of rectifying a diagnosis and prognosis given by men well up in their profession, in cases turned over by them to us for treatment, and illustrating the fact that we cannot make a diagnosis in mental cases so as to classify them properly without time, care and observation. Writers speak of the importance of an early diagnosis in paresis, but practically there is no possibility of a positive diagnosis in its earliest stages except where the characteristic bodily symptoms first appear in cases coming on suddenly, which cases are very unusual. Ordinarily the earliest symptoms are indistinguishable from those of a neurasthenia and differential distinctions between the conditions are impossible at this time; and it is only after the speech becomes affected and other paretic and mental signs develop that the diagnosis becomes certain, and then it is liable to be confounded with alcoholic pseudo-paretic dementia, as the paresis, the speech impairment, the pupillary symptoms may all be present, but here we have the direct connection with alcoholic derangement, the suddenness of the onset, and, more than anything else, the rapid disappearance of the symptoms under appropriate treatment.

Plumbism causes a condition that resembles paresis, but is often curable. It commences abruptly, like alcoholic pseudo-paresis, and has other distinctive features, one of which is the blue line along the gums and other symptoms of saturnism.

It is well in many mental diseases to reserve an opinion as to diagnosis and prognosis until time and a careful study have justified positive statements.

Diarrhoea of Children.

℞ Ichthalbini.
Tannigeni, aa ʒ j.
M. et ft. chart. No. xij. Sig. One powder every three hours.

Indications—To be given after products of fermentation have been freed from the intestinal tract.

℞ Bismuthi subnitratis, ʒ ij.
Saloli, gr. xvj.
Aq. cinnamoni, fl. ʒ j.
Aq., q. s. ad fl. ʒ iij.
M. Sig. Shake well. Teaspoonful in water every two hours.

Indication—After alimentary tract is free of all irritants.

℞ Hydrargyri chloridi mitis.
Pulv. ipecacuanhae, aa gr. j.
Sacch. lact., gr. xx.
M. et ft. chart. No. x. Sig. One powder t. i. d.

Indication—Used in diarrhoea of infants with green stools.—Ex.

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OVARIAN CYSTS COMPLICATING PREGNANCY—A REPORT OF THREE CASES

By W. V. KINGSBURY, M.D.
Dillon, Montana

Read before the Montana State Medical Association at Anaconda, Montana May, 1902

This condition is not a very rare one, and it is more for the purpose of advocating early operations than a desire to report rare conditions that I present this paper. My experience in this condition has run through many phases; my results have been of all varieties. I am of the opinion that these cases should be operated upon just as soon as the true condition shall have been determined, and I would not hesitate to do explorative laparotomies in all doubtful cases. Owing to the increased vascularity in the pelvis, cysts of the ovary nearly always increase in size with pregnancy, and as it is safer for the patient and easier for the operator to remove a small tumor than a large one, I am strongly in favor of operating at the earliest possible time. Then, by taking into consideration the life of the child, I think that the chances for its living and being born are much better when the operation is done during the early days of its intra uterine life. Women are not so apt to miscarry with bad results during the first as they are during the last months of pregnancy, and for these reasons I believe that the early operation is the safest one.

The history of operations upon pregnant women shows that the operations done during the earlier months of pregnancy are followed by better results than those operations done during the later months of pregnancy. As early as 1890 Lawson Tait reports ten cases successfully operated upon, all of the mothers going to the full term and being delivered of live babies. Sir Spencer Wells reports at about the same date ten operations, in which nine mothers went to full term and were delivered of living babies. Olshausen reports fourteen operations, in which four women aborted and two died. Schroeder reported seven operations, in which four women aborted and two died. These are a few figures I have picked up at random, and I give them to illustrate the point that I desire to make, namely, the low rate of mortality to both mother and child following the operation. I have had a great deal of experience in abdominal surgery, both in hospital and private practice, and I know from personal observation that the pregnant woman stands abdominal operations as well as the non-pregnant one does. The operation should be done quickly and under the most rigid aseptic conditions. In none of the three cases

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hereinafter reported was the patient under the influence of an anaesthetic over thirty minutes, and in two of the cases the patients were back in their beds in just twenty-five minutes from the time of beginning the anaesthetic.

Case I. Married, age 27. Third pregnancy. At the time of examination, this patient was well in her third month of pregnancy. Her two previous pregnancies and labor had been normal ones. Menstruation always regular and painless. Begun menstruating in her fourteenth year. Age of youngest child, fourteen months. The diagnosis of tumor of left ovary very easily made by palpation, and an immediate operation advised, which advice was declined. The physician in charge of the case did not favor an immediate operation, thinking that, as he had successfully carried the patient through two former pregnancies, he would be able to get her safely through this one. But in this he failed, as she miscarried about the end of the fifth month. About three months after miscarriage, I operated upon this patient and removed an ovarian cyst that was about four inches in diameter. The patient made an excellent recovery.

Case II. Second pregnancy. Age 21. Pregnancy was in sixth month, when I first saw the case. After examining this case carefully I was in doubt as to whether we had a case of double pregnancy—that is, an extra uterine and an intra uterine pregnancy—or an intra uterine pregnancy, and a large cyst to deal with. Both tumors were placed side by side in the abdomen rather low down and both were of about the same density and contour. Bi-manually I was able to distinguish the difference between the womb and tumor, but several nodules on the lower surface of the tumor caused me to do a whole lot of thinking. With one finger in rectum and patient well anaethetized I was able to outline the tumor to my own satisfaction, and I advised an immediate operation. Which advice was declined very promptly by both the physician and the patient's family. She went to full term and was delivered of a living child. On the fifth day after delivery, patient developed symptoms of torsion or axial rotation. She had great pain in abdomen, together with the feeling that she was going to burst, vomiting, and an elevation of temperature. She was taken to the hospital and the next morning I operated upon her and removed a cyst that contained fourteen pints of fluid. The walls of the cyst were dark and congested, and almost gangrenous in spots. Twisted pedicle. The patient made an excellent recovery, but the baby died while the mother was in the hospital.

Case III. Married, age 26. Third pregnancy. I had had this case under observation for quite a while, and for a long time I was not able to make a satisfactory diagnosis. She had been operated upon and her left ovary removed about one year before I first saw the case. Her last menstruation was in August, and about September 1st I examined her carefully and found the right ovary larger than normal, rather more painful than usual upon palpation and lying low in the pelvis. On October first I again examined her and found the ovary very much enlarged, it having doubled in size since the last examination. Between September first and October first the patient suffered a great deal of

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pain at times in the region of the right ovary. I decided that she had a cystic ovary and advised an immediate operation, which advice was accepted, and preparations were begun at once for that event. Operated on October 10, and removed right ovary, which contained a cyst nearly as large as a walnut. Patient made an excellent and uneventful recovery, and during the following April was delivered of a baby weighing ten pounds.

Now, these cases are not a sufficient number to allow us to draw any positively definite conclusions, nor are they selected ones. They represent my whole experience in this condition, and should I ever meet with any more such cases I intend to report them. These patients were all healthy young women. They were all raised in the country and had led more or less outdoor lives. They were of ordinary physique, being well nourished and cleanly. Each of them had borne children previously, and they had not suffered with the ordinary female complaints, the last case being excepted.

My advice was not followed in cases I and II and I will not say that if it had the results would have been any different, but in case III, I am happy to say that all my instructions were followed with the most gratifying results. Had we been allowed to operate in case II we would have avoided the very dangerous condition the patient got in soon after delivery. We would have operated upon her when she was in a better physical condition, and she would have been in a better condition to take care of her baby. The two great dangers in this condition are axial rotation and rupture of the cyst. Early operation avoids both of these. The tumor might become lodged in the pelvis, interfering with labor and necessitating puncture of the cyst before labor could be completed. The early operation would avoid this complication. The question of miscarriage after the operation deserves attention and must be considered. I do not believe, nor has my experience shown me, that women miscarry after surgical operations as a direct result, *per se*, of the operation. I remember distinctly one case in which we removed a sub-peritoneal fibroid from the womb of a woman who was then in the seventh month of pregnancy, and she went to full term and was delivered of a living child. And still another case, in which we operated for a strangulated femoral hemia on a woman who was then in her fourth month of pregnancy. In fact, I do not know of a single case of miscarriage that has been caused by a surgical operation, save when it was done for that purpose alone.

I am of the opinion that the best results will always be obtained in these cases by removing the tumor just as soon as it is discovered, and from our own experience I believe I am justified in taking that position.

Dr. Rufus B. Hall, of Cincinnatti, in a paper read before the Southern Surgical and Gynecological Association held at Richmond, Va., in November, 1901, and reported in American Journal of Obstetrics of February, 1902, using the cases he reported as illustrations, drew the following conclusions:

I. In the very small per cent of cases in which malignant tumors are the cause of obstruction, they should be dealt with according to

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the well-established principles of modern surgery. The operation should be made at once, without any reference to the child if by so doing there is any additional chance of saving the life of the mother.

II. If the ovarian tumor is thin-walled, of large size and rapid growth, and the patient is not near her full term of gestation, an operation should be advised, even if the uterus is below the tumor.

III. If the tumor is thick-walled and of slow growth, is not causing much, if any, inconvenience, and rides above the enlarged uterus, an operation is urgently demanded.

IV. If the tumor is small in size, is situated below the uterus, and is fixed either by adhesions or impaction, an immediate operation is demanded.

V. Tapping the tumor for temporary relief should not be done.

VI. In fibroid tumors of the uterus, associated with pregnancy, where there are but one or two large nodules, and they are located in the upper half of the uterus, an operation should be advised only in rare instances. These patients can be delivered safely, and be operated upon later if necessary.

VII. If the tumor is below the pregnant uterus and a large nodule blocks up the passage, an operation should be advised and made early.

VIII. Myomectomy is usually not to be considered in these cases, on account of the increased blood supply. The writer would advise it only when an exceptionally favorable tumor for this method is encountered.

Canada Does Not Want Them.

The Canadian government is likely to adopt the procedure of the United States Immigration Department and bar undesirable immigrants from landing at Canadian ports. The house of commons now has legislation before it amending the immigration act, which will empower the governor-in-council to prohibit, by order or proclamation, the landing, except for a specified time, and then for medical treatment alone, of all diseased immigrants. The governments of the United States and Canada should join hands in the matter, so that these undesirable classes of immigrants could be effectually barred from both.—Philadelphia Medical Journal.

On the Effect of the Digestion of Gelatin on Styptic Properties.

H. C. Wood, Jr., concludes in American Medicine of May 3, 1902, as follows:

1. Pepsin digestion of gelatin does not destroy its coagulating effect on the blood.

2. The resulting product is dialyzable, and therefore capable of absorption.

3. The administration of gelatin by the mouth in the treatment of hemorrhage is, therefore, a rational procedure.

4. Gelatose seems to antagonize, if given in sufficient quantity, anticoagulating action of peptone.

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MEDICAL SOCIETIES

Eastern Oregon District Medical Society.

W. T. Phy, Baker City, Or.—Infected wounds.

K. A. J. Mackenzie, Portland: In secondary dressing of wounds, open wounds, remove sutures, cleanse from all clots and putrefactive matter, but do not curette; then apply carbolic acid or iodine, dress by applying boracic acid and a loose dressing, using a splint if necessary. Do not use carbolic acid too carelessly, but watch for the toxic effect. I cannot give a good report on the use of the anti-streptococcus serum, but am inclined to think that the good results are accidental.

R. C. Coffee, Portland: I have seen cases treated with the carbolic acid that sloughed quite extensively, due to the acid, and therefore I think it is too destructive an agent to be employed in an infected wound, as it would probably do more harm than good. I would suggest thorough drainage, free incisions and irrigate with warm salt solution, which may be strong and used as often as every three hours. I have found salt to be the best solvent of the secretion that accumulate in such wounds.

I am a strong advocate of the use of serum, and think that I have saved the lives of four of my patients thereby.

J. S. Kloeber, Hot Springs, Wash.: I use absolute alcohol locally and in phlegmonous conditions I use the anti-streptococcus serum very successfully.

L. P. McCalla, Boise, Idaho: Never use carbolic acid for infected wounds, but some times use a 2 per cent. solution in the peritoneal cavity. In dressing infected wounds, anesthetize, thoroughly cleanse wound and curette the granulations, using the dry dressing, the powder consisting of boracic acid and acetate of aluminum, using tubular drainage should any be necessary. I have had negative results with the use of the anti-streptococcus serum, but have had good results in the use of anti-diphtheritic serum in diphtheria.

E. W. Barnes, North Powder: I have had remarkable results in the treatment of infected wounds by the use of a solution of camphor, iodine and carbolic acid, and find that I get better results if the solution is colorless, which it will be if properly compounded.

W. J. May, Baker City: I have used carbolic acid a great deal in my practice, and think that gangrene is very rarely caused by the use of the same. Gangrene often develops in infected wounds, but in my opinion is not caused by the acid that may have been used. I have had some very favorable results by the use of the serum therapy.

W. W. Smith, LaGrande: In primary dressings, where the other antiseptics cannot be had, gasoline may be used and very effectively. Study the vital force of your patient, and eliminate the stronger anti-septics. Using an abundance of the weaker solutions will get just as good results.

W. T. Phy closes the discussion, still in favor of the use of carbolic acid.

L. T. Brock, Sumpter, Or.—The undeveloped uterus in the adult.

A. K. Higgs, Heppner, Or.; Many cases of undeveloped uterus are not

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diagnosed as such. I would suggest the use of the faradic current 15 to 20 minutes each three or four days as being a non-painful treatment and one which will give you good results, placing one electrode in the uterus or on the outeri.

N. Molitor, LaGrande, Or.: Hysterectomy is not necessary, but castration may be necessary if electricity has been used and failed. I would administer iron and other tonics to get the general health in as good condition as possible.

K. A. J. Mackenzie, Portland, Or.: The cause of the undeveloped uterus is a faulty system of education and dress, lack of exercise, etc. Castration may be considered, and probably hysterectomy, but we must be somewhat conservative.

W. G. Cole, Pendleton, Or.: I have seen three cases, and would not advise ovariotomy, but think hysterectomy would be the proper remedy or procedure.

H. W. Coe, Portland: The faradic current is a muscle developer, and in the case reported is preferable, but the galvanic current should be used where there is a nerve lesion.

W. J. May, Baker City, Or.: I use the mild galvanic current in degenerated muscle and later use the faradic current. In using the faradic current in the undeveloped uterus I place one electrode on the mammary gland and one in the uterus.

R. C. Coffee, Portland: Dilitation of the os uteri is very effective, in some cases producing congestion of the uterus and favoring conception. One of my patients treated in this manner became pregnant and remained so until the third month; she became pregnant a second time and continued until the sixth month.

J. S. Kloeber, Hot Springs, Wash.: I have used both the dilitation and electricity successfully. I prefer the faradic current, and am very careful to regulate the strength of the current. I think the sinusoidal current might be used to a good advantage. I never use the positive pole in the uterus.

L. T. Brock, Sumpter, closes the discussion: Exact history of the case I reported is not known to me, except that she is a working girl. I this case I used the negative pole in the uterus.

L. P. McCalla, Boise, Idaho—The prognosis of ascending gonorrhoea in women.

W. L. Parker, Baker City, Or.: Young men do not realize the gravity of the disease, therefore the disease spreads more rapidly than it should. True vaginitis is very rare, urethritis is frequent, the cervix is the part most frequently attacked, and usually the final termination is in pyosalpinx and salpingitis. The proper treatment then is to incise the culdesac and insert gauze drainage.

H. E. Curry, Baker City, Or.: There are fourteen kinds of germs found in the vagina, but only eight are pathogenic.

R. C. Coffee, Portland: In ascending gonorrhoea the ovaries are very frequently involved; in that event they should be removed and the tubes should be removed by taking a V-shaped piece out of the uterus at their insertion and the remaining wound sewed up to prevent hemorrhage. In the treatment of urethritis I pack the same with formalin gauze.

K. A. J. Mackenzie, Portland: The normal vagina is usually free from germs of all kinds. The seat of the primary affection is more often the vulva and extends into the vulvo-vaginal glands. In all cases of sepsis due to gonorrhoea open the abdominal cavity and look for the trouble.

W. G. Cole, Pendleton, Or.: Dis-

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criminate Between the Gonococci and Other Cocci?

J. S. Kloeber, Hot Springs, Wash.: Special emphasis should be placed on the thoroughness with which early treatment is given; we should receive more glory for saving an organ than for removing it. Absolute rest in bed should be insisted upon. Give thorough local treatment with a permanganate solution of 1 in 4,000 to one in 1,500 and then finish by packing with iodoform gauze.

L. P. McCalla closes the discussion by answering Dr. Cole's question: Ascending gonorrhoea is frequently a cause of abortion. The time for a cure to take place is from thirty days to never.

H. W. Coe, Portland, Or.—General Paresis.

N. Molitor, La Grande: The injection of the Robert Hawley lymph, 10 to 15 minims daily, is reported as being a very successful treatment.

H. W. Coe, Portland, Or., closes the discussion. Mentions the lymph treatment. Best treatment the sinusoidal current, 2,000 per minute of large voltage. Discriminates between syphilitic gummata and paresis.

K. A. J. Mackenzie, Portland—The Etiology, Pathology and Treatment of Movable Kidney, with Illustrations.

Business Meeting.

July 16, 1902, 2:30 o'clock P. M.

Meeting called to order by President W. J. May, in the chair, and T. M. Henderson, M. D., acting as Secretary.

Reports of Committees.

The report of the Committee on Constitution and By-Laws on motion, duly seconded and unanimously carried, was accepted, and said Constitution and By-Laws were adopted as the Constitution and By-Laws of this Association.

The report of the Board of Censors was read by the Secretary. On motion, duly seconded and carried, the report was accepted, and the names in said report recommended for election to the Association were declared elected as members of the Association.

Financial Report.

The semi-annual financial report was read by the Secretary. On motion, duly seconded and carried, said report was accepted and ordered filed.

Communications.

The Secretary read before the Convention communications from the American Medical Association, and from the Secretary of the Oregon State Association.

Appointment of Committees.

Motion made that the Chair appoint a committee of three to investigate the conditions and ascertain the relations existing between the local society and the Oregon State Medical Society, and between the local society and American Medical Association; and that the committee prepare a circular letter which shall be mailed to each member of the association, as to the findings made by the commotion was carried. The Chairman appointed the following committee: Dr. Geisendorfer, The Dalles, Chairman; Dr. Cole, of Pendleton; Dr. Erwin, of Union.

Motion duly made and seconded that the Chair appoint a committee of three to confer with Dr. Smith, Oregon State Senator, on matters of legislation in this state concerning medical and health laws. Motion was carried. The Chair appointed the following committee: Dr. Ferguson, of The Dalles, Chairman; Dr. Curry, of Baker City; Dr. Spencer, of Huntington.

Motion made and seconded that Dr. Coe, of Portland; Dr. Mackenzie, of

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Portland; Dr. Coffee, of Portland; Dr. Dixon, of Portland; Dr. Blitz, of Boise, Idaho; Dr. McCalla, of Boise, Idaho; and Dr. Kloeber, of Seattle, Wash., be elected as honorary members of this association. The motion was carried unanimously, and said doctors were declared duly elected as honorary members of this Association.

Motion was made and seconded that the convention extend a vote of thanks to Dr. Tape and Mrs. Tape for the most excellent entertainment we have received at their hands at this session. Motion was carried unanimously.

On motion, duly seconded and carried, the Secretary of the Society was instructed to procure a suitable seal for the Association.

In the matter of the selection of a place for the next meeting of the Association. Heppner, LaGrande and Baker City were offered. Upon ballot being taken by standing vote, Heppner received one vote; LaGrande, nine votes, and Baker City, eight votes; thereupon LaGrande was chosen as the place for the next meeting of the Association.

Whereupon the business meeting of the Association was adjourned, to meet in January, 1903, at LaGrande, Oregon.

T. M. HENDERSON, M. D.,
Secretary.

Program of the Oregon State Medical Society, to Meet in Portland, Sept. 10 and 11.

Infectious Diseases, the Method of Spread—By J. O. Cobb, M. D.

Milk and Meat as Factors in Infection—By E. N. Hutchinson, V. S.

Diagnosis of Variola—By J. C. Zan, M. D., City Physician.

Prophylaxis of Variola—By Chas. A. Cordiner, M. D., Astoria, Or.

Past and Present in Diphtheria—By C. H. Wheeler, M. D.

Typhoid Fever, Modern Methods of Diagnosis—By A. E. Mackay, M. D.

Experiences in Military Camp at Vancouver and at Cape Nome, Alaska—By Major R. G. Ebert, Vancouver.

Experiences in the Philippine Islands—By Herbert C. Cardwell, M. D.

General Treatment of Typhoid Fever—Holt C. Wilson, M. D.

Surgical Complications of Typhoid Fever. By A. C. Panton, M. D.

Psychiatry, the Diagnosis of Insanity—By J. Allen Gilbert, M. D.

Was Harry Tracy Insane?—By Henry Waldo Coe, M. D.

Congenital Mental Degeneration—By Robert L. Gillespie, M. D.

The Treatment of Insanity—By W. T. Williamson, M. D., Salem, Or.

The Pathology and Treatment of Major Epilepsy—By E. House, M. D., Pendleton, Or.

Diabetes, Etiology and Treatment—By O. S. Binswanger, M. D.

Acute Rheumatism, Complications and Treatment—By J. S. Kloeber, M. D., Hot Springs, Wash.

Outdoor Treatment of Tuberculosis—By Harry Lane, M. D.

General Treatment of Tuberculosis—By E. P. Hershey, Denver, Colo.

Preservation of the Perineum During Delivery—By W. H. Ewin, M. D., Union, Or.

Early Diagnosis of Cancer of the Uterus—By W. H. Skene, M. D.

Paraffin and Vasolin Injections in the Correction of Deformities—By E. De Witt Connell, M. D.

Surgical Treatment of Goitre—By Andrew C. Smith, M. D.

Surgical Treatment of Gall Stones—By W. J. May, M. D., Baker City, Oregon.

Observations on Perineal Prostatectomy—By Wm. Jones, M. D.

Report on a Case of Chronic Neph-

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ritis by Edebohl" Operation—By J. E. Bingham, Walla Walla, Wash.

Report of a Case of Perforated Ulcer of the Stomach—By E. E. Shaw, Walla Walla, Wash.

Studies in Empyema, With Proposed New Operations—By K. A. J. Mackenzie, M. D.

"What I Have Learned from Thirty-four Consecutive Vaginal Hysterectomies."—R. C. Coffey, Portland.

Symposium on Appendicitis.

Medical Aspects—Woods-Hutchinson, M. D.

Diagnosis—K. A. J. Mackenzie, M. D.

Surgical Treatment—Andrew C. Smith, M. D.

Surgical Technique—Geo. F. Wilson, M. D.

Surgical Complications—Andrew J. Giesy, M. D.

Diagnosis—Fulton, M. D. Astoria.

Needed Medical Legislation—W. W. Cotton, Portland.

X-Ray Demonstrations—Geo. E. Houck, Roseburg.

X-Ray Therapy—N. G. Blalock, Walla Walla.

City and County Medical Society.

The regular meeting of the City and County Medical Society was held in Portland, Oregon, May 7, 1902, the Vice-President, Dr. C. H. Wheeler, presiding. Present: Drs. Amos, Binswanger, Bristow, Chipman, Coffew, Crockett, Fried, Giesy, Woods-Hutchinson, Jefferson, Kirkpatrick, Moore, A. E. Mackay, H. F. McKay, Marsh, Nunn, Rand, Skene and Smith. Visitors: Drs. Cobb, Coughlan and Numbers.

Dr. Mae H. Cardwell was unanimously elected an active member of the Society.

The paper of the evening, "The Treatment and Diagnosis of Face Presentation," was read by Dr. J. H. Bristow. After some general remarks the doctor said that the chin must be posterior in nearly all face presentations, because a face presentation is but a transposed occipital presentation, and for this reason nearly every face case will not terminate without interference. Post chin presentations do not rotate anteriorally, but on the contrary anterior chin may rotate to rear, for the reason that chin fails to occupy the most dependent position. He believed that all cases should be treated at once and when diagnosed. He advocated the method of returning the head above the brim, and that it is applicable in a greater number of cases than generally understood. He also advocated frequent examinations in doubtful cases and even rupture of the bag of waters sometimes in order to make the diagnosis certain. The doctor concluded his paper by quoting a case from his practice illustrating the points he had emphasized.

Dr. W. F. Amos opened the discussion, complimenting the writer of the paper on his choice of subjects, and discussing the question from a statistical standpoint. He believed that when first seen the endeavor should be to endeavor to try to return the head to its natural position, and if this fails version should be performed. Observed that Dr. Bristow had failed to say what was to be done when the chin is anterior. After discussing various other methods practiced, he believed that it is best to leave mental anterior position alone.

Dr. A. W. Moore said that he had seen a few cases of face presentation quite recently, associated with Dr. C. H. Wheeler. So far he has always failed to reconvert the face to the head presentation, but has tried podalic version and succeeded well. Remarked that experience had taught him never to give complete anaesthe-

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sia in foot or buttock presentation as it destroys the aid of the mother.

Dr. O. S. Binswanger said that he had not much experience with face presentation. Statistically, they were 1 to 250 or 1 to 500; in all, he had seen eight or ten cases. He believed that a great many of them, if left to nature, do well. An endeavor, however, should be made to rotate them into the middle line. Does not disagree with Dr. Moore regarding the value of the strength of the mother saved anaesthesia. He would merely remark that the mortality was not due to the anaesthesia but to the delay.

Dr. R. C. Coffey asked if craniotomy is justified at all in the light of modern surgery.

Dr. L. Fried said that it was very important to recognize the condition early. Recently had a case and succeeded in changing to the vertex position by the aid of forceps.

Dr. D. H. Rand said that he had had three cases, and only one was delivered by forceps.

Dr. Bristow, in closing, said that Dr. Amos' statistics were hospital statistics, which were largely made up of neglected cases, and as such, were not of much service in debating the question. Podalic version does not enter into the case; it is much easier to bring down the occiput in any case. In reply to Dr. Amos, stated that when chin is anterior would leave the case to nature. He did not believe in rotation by forceps or that craniotomy was ever justified in the light of modern surgery.

At this junction, the Chair explained that Dr. H. F. McKay had invited the members to his rooms for the purpose of examining two cases which had recently come under his care as County Physician. Both of them were specially interesting on account of the extraordinary destructive character manifested. It was moved that the invitation be accepted, and the meeting adjourned to view the cases. Dr. McKay presented the cases, and related all the history so far obtained by him. They were carefully examined by the members. After this an adjourned meeting was held in Dr. C. H. Wheeler's rooms, where the latter generously served refreshments to the large and interested audience. The general discussion was opened by Dr. Woods-Hutchinson submitting a probable diagnosis, the same being followed by Drs. Smith, Cobb, Pettit, Bristow and H. F. McKay.

A. D. MACKENZIE, M. D.,
Secretary.

British Columbia Medical Association.

The following is the program of this association, which held its meeting at Vancouver, B. C., August 29th and 30th, 1902:

Friday, August 29—Morning Session, 10 A. M.

Reception of delegates and members.

Reports of committees.

General preliminary business.

Afternoon Session—2:30 P. M.

President's address.

Reading of papers and discussion thereon.

Evening Session—10 A. M.

Reading of papers and reports of cases (continued).

Saturday, August 30—Morning Session, 10 A. M.

Conclusion of papers.

General business and notices of motion.

Election of officers.

Installation of president.

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Provisionel List of Papers.

Adjournment.

Cancer of the Breast—O. M. Jones, Victoria.

Interesting Surgical Cases—J. H. Hogle, Nanaimo.

The General Practitioner and Insanity—G. H. Manchester, New Westminster.

Uterine Displacements — R. E. Boyle, Vancouver.

Tuberculosis—W. J. McGuigan, Vancouver.

Diseases of the Gall Bladder—Frank Hall, Victoria.

Hysterectomy—F. X. McPhillips, Vancouver.

Oscular Affections of Syphilitic Origin—I. G. Campbell, Vancouver.

Sarcoma of the Jaw Treated by X-Rays, with Case—A. Poole, Vancouver.

Entertainments.

On Saturday afternoon, August 30, the local Medical Society will provide launches for an excursion up Burrard Inlet. En route Hastings will be touched, and those desiring to witness the excellent racing provided by the Jockey Club can land, resuming the journey at their conclusion. Refreshments will be provided.

In the evening a dinner will be held under the auspices of the same Society, to which all members and visitors to this meeting are cordially invited.

Membership.

Intending members must make application ,endorsed by two members of the Association, as per Act 1, Sec. 4 of the Constitution and By-Laws, and pay a fee of $2.00.

The annual subscription for members is $2.00, which must be paid to the treasurer at the opening of the meeting.

The executive committee was composed of the following:

President—R. E. Walker, New Westminster.

Vice-President—W. J. McGuigan, Vancouver.

Treasurer—J. D. Helmcken, Victoria.

Secretary—J. M. Pearson, Vancouver.

Alcohol Not a Food.

We believe that the consensus of the best medical opinion of today is that alcohol, while a valuable medicine in some conditions—and here many would include a limited dietetic value—is not properly a food is not what the Germans call a Nahrungsmittel, but is a luxury and a perfectly non-essential one to the healthy normal individual. The need of moderation in the use of alcohol and the difficulty in drawing the line between moderation and excess, together with the habit-building tendency, have all to be considered. The worst thing about the present tendency, to say a good word for alcohol, is the certainty that whatever may be said will be utilized unscrupulously by the advocates of the liquor interest. Give them an inch and they will take a mile, and some of our confreres have good reason to regret this fact. We believe it will be found far safer for medical men to stand on the facts opposing the general use of alcohol than to even qualifiedly advocate its usage except exclusively as a medicine and under medical prescription. Its cause is not one that requires any fostering by our profession.—Jour. Amer. Med. Association.

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EXTRACTS

Summer Diarrhoeas of Children and Their Treatment.

By M. A. Auerbach, Ph. G., M. D., Assistant Surgical Clinic, Post-Graduate Hospital, Medical Inspector, Department of Health, New York

Three forms more or less distinct can be recognized, viz., acute dyspeptic diarrhoea, cholera infantum and acute entero-colitis.

Acute Dyspeptic Diarrhoea. This disease is chiefly due to errors in diet, which do not necessarily consist in the substitution of unnatural foods for the mother's milk. The mother's milk may be altered in quality by emotional causes, by improper food and improper hygiene. Or it may be caused by over-frequent nursing. More often, however, it is caused by the indigestion of unnatural foods. There are also predisposing influences which facilitate the action of the exciting causes. These are especially dentition and the extreme heat of summer.

Cholera Infantum, a variety of acute catarrhal enteritis of intense severity, corresponding in symptoms and course to cholera morbus in the adult, but much more serious in termination.

Acute Entero-Colitis is an affection of inflammatory nature more severe than dyspeptic enteritis, chiefly of the ileum and colon, affecting especially the lymph follicles. This, like the preceding, is a disease of the hot months of summer, and the period of teething especially. It is produced by the same cause as dyspeptic diarrhoea, or of cholera infantum.

I will detail a few of the many cases treated with Glyco-Thymoline, and leave results speak for themselves.

Case No. 1. M. K., aged 8 months; male. Was taken with severe vomiting and colicky pains at night. The vomita contained lumps of coagulated milk. The stools were very offensive and recurred at intervals of twenty minutes. I left a prescription for Glyco-Thymoline 2 ounces, bismuth sub-nitrate one drachm, water enough to make 4 ounces. I called the next morning and found but little improvement in my patient, and at once flushed out the bowel with a 25 per cent solution of Glyco-Thymoline and continued the prescription given the night previous. The treatment was continued for three days, the patient steadily improving during the time. I then recommended that the child be taken away from the city, which was done. I later heard from the parents that the child had not had a relapse, but made a speedy recovery.

Case No. 2. Mary C., age 7½ months, was brought to my office, her little knees drawn up, a look of anguish on her face, which was pale and drawn with eyes protruding. She had a number of watery discharges from the bowels, incessant vomiting, a temperature of 103½, a rapid and feeble heart. A further examination of this poor little tot was unnecessary. Anodynes were at once administered to soothe the pain. I washed out the bowels with a 40 per cent solution of Glyco-Thymoline, and administered the same in a 50 per cent solution with peppermint water internally in doses of one teaspoonful, repeated every two hours. The results in this case far exceeded my expectations. The child made a slow but successful recovery.

Case No. 3. L. P., male child, age

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16 months; was called to check the diarrhoea, which was of a serious character, having a tinge of blood. The vomiting was not of a severe nature; the only alarming symptom the child showed was the intestinal one. Three separate washings of the child's colon was made at intervals of six hours. The child's food was restricted to barley water; this case, like the one preceding, made a perfect and speedy recovery.

Case No. 4. R. A., a little tot of the East Side aged 13 months, brought up in one of the dark and dingy rooms of a tenement house. This poor little one was suffering for five days before my attention was called to the case. I found it in an emaciated condition, unable to move a limb, the bowels were frequent and watery; the little one was on the point of collapse; strychnia was administered hypodermically to stimulate the heart, after which diluted brandy was given every half hour. The colon was irrigated with 24 ounces of a 50 per cent agueous solution of Glyco-Thymoline. I had the child under my observation for two and a half weeks, and with proper food and fresh air, the child made a good recovery.

Case No. 5. M. M., a boy baby 7 months of age, teething and causing all sorts of trouble for its parents, who were well to do. Was summoned to the house early one morning, found the little one vomiting quantities of curdled milk, and movements having a decidedly fetid odor. I tried most everything in this case and received but small relief by the use of Glyco-Thymoline. Upon careful investigation, I found that the teeth were causing the trouble. The gums were then lanced, and the child's diet restricted; that is, the breast feedings were given at three hour intervals, and only lasting five minutes at a time. Glyco-Thymoline was kept up, and with perseverance and good nursing our little one soon got well.

Hemoquinine, Shieffelin.

In many cases of malaria there is left, after the subsidence of the acute attacks, a condition of chronic impairment of health, which is commonly known as malarial cachexia. The symptoms present in this condition differ greatly in character and in severity according to the organ or organs that are chiefly affected. Usually the patients suffer from more or less disturbance of the gastro-intestinal tract and liver, as evidenced by indigestion, nausea, constipation or diarrhea, sallowness of the skin or distinct jaundice. They feel weak and languid, and may be troubled with headache and neuralgias of various types. There is generally more or less enlargement of the spleen, and in severe cases this may be enormous. Common to all cases of malarial cachexia is the development of a more or less profound alteration of the blood with a destruction of the red blood corpuscles and pigmentary deposits in various organs. In some instances, however, the symptoms of chronic malarial poisoning are so indefinite that its existence can be determined only from the history of previous attacks.

It is a matter of common observation that in these chronic cases, unlike in the acute form, quinine is not a specific, and that its action must be supplemented by that of other remedies in order to obtain the best results. Among these arsenic is the most prominent, and has been extensively employed. Its virtues have been known since the beginning of the eighteenth century, and since then it has been recommended by many of the greatest authorities. The administration of arsenic has been found

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to diminish the engorgement of the spleen, and to act favorably upon the jaundice and gastro-intestinal disorders of malaria. Added to this, is its beneficial influence upon the nervous system.

To derive the best results from arsenic in chronic malarial cases it is generally advised that it be combined with iron. This combination is perfectly logical, since in all these cases more or less marked anemia exists and demands treatment.

Arsenic, iron and quinine may therefore be said to constitute the three most prominent remedies for the cure of chronic malarial poisoning. In the preparation presented here under the name of Hemoquinine, these drugs are associated in such form that they will not only exhibit to the fullest extent their therapeutic properties, but will be tolerated by the most sensitive digestive organs. Iron in the form of the peptonate is readily absorbed and assimilated, and to enhance its efficiency manganese has been added. The quinine and arsenic are present in a state of perfect solution and in fixed quantities.

After what has been stated above, it is only necessary to say that Hemoquinine will be found of distinct value in that large class of malarial cases in which, although the acute attacks have vanished, the patients continue to suffer from the many sequelae of the disease, and remain in a condition of chronic ill-health.

SCHIEFFELIN & CO.,
New York.

RHINITIC GOUT (HAY FEVER).

An Expression of the Uric Acid Diathesis in the Schneiderian Membrane.

By E. L. Hatch, M. D., New York.

Hay fever, like appendicitis, existed before it was recognized as a disease "sui generis," and many cases were looked upon as simple catarrhal affections.

The history of hay fever as a specific disease dates back to 1819, when Dr. John Bastock described it under the name of catarrhal estivus. Since then many specialists have given it careful study. Among the early investigators in this country were Dr. Morrill Wyman and Dr. George Beard, the latter having made a report of over two hundred cases. All observers seem to agree that it is a disease geographically limited to certain latitudes and altitudes, placing the cause at the door of the pollen from certain graminacious plants, and limiting the time of occurrence from May until October. Thus, Flint says in his "Practice of Medicine": "The affection appears not to exist in the Southern States, nor in the colder regions of Canada," Wyman claims immunity in the mountainous regions of New York, Vermont and Colorado.

The synonymns for the term hay fever, are "Bastock's catarrh," "Rose cold," June cold, hay asthma, catarrhus autumnaliis, peach cold, pollen poisoning, et al.; the French Academy calling it asthma d'ete and the Germans Fruhsommarcatarrh. Besides the pollen of flowers and grasses, some writers have pointed out the effect of bright light, as an exciting cause, while still others mention cases that were affected by certain odors from drugs, animals, feathers, perfumes, smoke, fog, cold air, hot air, etc. It was not until 1885, however, that attention was drawn to the true fundamental cause of this disease when Dr. S. S. Bishop promulgated his theory that the underlying cause was a neurosis, a pathological condition in which the delicate nerve terminals in the

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Schneiderian membrane are overstimulated by some centrifugal rather than by some centripetal element. Bishop again, in 1893, in a prize essay, pointed out the centrifugal element, which is the nerve irritant, viz., uric acid. In this paper, read before the American Hay Fever Association, he claimed three factors as necessary for the development of the disease, viz (1) "Abnormally sensitive nerve centres, (2) Hyperesthesia of the peripheral termini of the sensory nerves, and (3) the presence of a large variety of irritating agents. Exclude one of these conditions and the paroxysms are prevented."

Colchicum is the historic remedy for gout, and is known to quiet the pain, increase the elimination of uric acid, waste products, promote tissue oxidation, increase the flow of bile, and to be also slightly diuretic and purgative. The only disadvantage of these drugs is that the ordinary preparations cause in the case of salicylates vertigo and cephalalagia, while colchicum is very irritating to mucous membranes and epithelial tissues. Happily, these disagreeable features have been overcome in a compound of both drugs, known as "Colchi-Sal," the basis of which is a peculiar combination of ¼ of a milligramme of crystalized colchicum dissolved in an excess (twenty centigrammes) of natural methyl salicylatt from betula lenta, dispensed in a capsule. Numerous substitutes, purposing to have the same action, and colored green to imitate the true Colchi-Sal, lead to disappointing physiological results and should be avoided.

As many as fifteen capsules daily can be administered without any deleterious results; all unpleasant symptoms, such as ringing in the ears, vertigo, delirium, congestion of the kidneys, and digestive troubles which are observed when the cheaper substitutes are used, are absent in the true colchi-sal capsules. The combination is best given in small and repeated doses distributed over a certain length of time. Since I have been using it, I have not only been able to relieve the attacks, but often prevented their return.

From the foregoing, then, we are forced to the conclusion, from therapeutic proofs alone, if from no other deductions, that hay fever is really a neurosis, that has its basic cause in the excess of uric acid in the blood, which irritates the nerve centers and terminals, causing a vasomotor reflex with the concomitant hyperemia of the Schneiderian membrane, resulting in the train of symptoms that I have described above, and that the removal of this excess of uric acid from the blood relieves the symptoms and cures the disease.

Abbott's Saline Laxative.

There has never been a time in all the mutations, advances and various schools of medicine when the initial necessity of clearing out the bowels before further medication of any ailment was not acknowledged and practiced. It is more so, however, at the present time when microbic mischief and antiseptic microbicide is better understood. But we do not need a drastic cathartic, which will leave the bowels semi-paralyzed, and so prepared for another microbic evasion. What we need is Abbott's Saline Laxative, which clears out the bowels once or twice and done with it for the time. Even a toothache may be stopped by this laxative if it depends up foul bowels.

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BOOK REVIEW

A Practical Treatise on Diseases of the Skin.

By John V. Shoemaker, M. D., LL. D. Professor of Skin and Venereal Diseases in the Hospital of Philadelphia, etc. Fourth edition, revised and enlarged, with plates and other illustrations. New York: D. Appleton & Co., 1901.

It goes without saying that naming the title of this book and its author is an evidence that the contents is not only thoroughly up to date, but, also, that upon ordinarily a very dry subject, the subject matter makes very interesting reading. The book is too well to require a review in detail, although we specially feel like commending the section containing prescriptions for the various disorders of the skin, representing a very large field of personal observation upon the part of Dr. Shoemaker, and also the favorite prescriptions of many of his collaborators in the same department. The influence of parasites have been given special attention in the present volume, which, in view of the advanced knowledge in this department, makes the work worthy of special commendation.

A Text-Book of Practical Therapeutics. With especial reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. DeSchweinitz, Edward Martin and Barton C. Hirst. New (9th) edition. In one octavo volume of 851 pages, with 105 engravings and 4 colored plates. Cloth, $4.00; leather, $5.00; half morocco, $5.50 net. Lea Brothers & Co., Philadelphia and New York.

This, the ninth edition of Hare's Practical Therapeutics, has been thoroughly revised, enlarged and brought up to date in every respect. It is a book that presents rare facilities to the student and practitioner, in that it brings the theoretical and practical phases of therapeutics into the closest relationship, instead of leaving them widely separated as is too often the case in works on therapeutics. Medical measures, other than drugs, such as the use of water, leeching, cupping, use of heat, etc., are given space commensurate with their importance in the treatment of disease and their appropriate treatment is also considered. This feature of the book renders it especially valuable. The volume is neatly and securely bound, and contains a most complete index of drugs and diseases.

An International System of Electro-Therapeutics. For Students, General Practitioners and Specialists. By numerous associated authors. Edited by Horatio R. Bigelow, M. D., Permanent Member of the American Medical Association; Fellow of the British Gynaecological Society and of the American Electro-Therapeutic Association; Member of the Philadelphia Obstetrical Society, of the Societe Francaise d'Electro-Therapie, and of the Anthropological and Biological Societies of Washington, D. C.; Author of "Gyneacological Electro-Therapeutics," and "Familiar Talks on

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Electricity and Batteries." Second edition. Revised and brought up to date, with several New Departments embodying the Most Recent Developments of the Science. Edited by G. Betton Massey, M. D., ex-President and Fellow of the American Electro-Therapeutic Association; Member of the American Medical Association; Author of "Conservative Gynecology and Electro-Therapeutics," etc. Thoroughly Illustrated. Royal Octavo. Pages x-1147. Prices net, delivered, Extra Cloth, $6.00; Sheep, $7.00; Half-Russia, $7.50. Philadelphia: F. A. Davis Company, Publishers, 1914-16 Cherry Street.

Electricity in the treatment of disease has grown from a fancy twenty years ago to a systematic science today, as an evidence of which we have colleges, medical journals and extensive clinics carried on exclusively for the study and application of electricity for the cure of diseases, both medical and surgical. Another evidence much to the point upon this subject is the number of publications upon electricity, and the present volume of more than 1,000 pages, the second edition of which is now presented to the profession, is superlatively an evidence of the extremely scientific character of the science of electro-therapeutics. The following sections are found in the book: Electro-physics and electro-physiology; gynecological and obstetrical diseases; disorders of the abdominal and thoracic viscera, diseases of children, and electro-surgery. More than forty prominent writers have prepared the matter under subdivisions, which makes this book the greatest of its kind which is published.

The Practical Medicine Series of Year' Books, comprising ten volumes on the Year's Progress in Medicine and Surgery. Issued monthly. Under the general editorial charge of Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume VI General Medicine, edited by Frank Billings, M. S., M.. D., Head of Medical Department and Dean of the Faculty of Rush Medical College, Chicago with the Collaboration of S. C. Stanton, M. D., May, 1902. Price, $1.50. The Year Book Publishers, 40 Dearborn street, Chicago, Ill.

These little volumes are of the utmost practical use, and present to the reader the most recent advances that have been made in each particular branch condensed. The articles on Typhoid and Malaria in this volume are of exceptional interest and are very full and complete for a work of this kind. The other articles relating generally to infectious fevers and gastro-intestinal diseases, are also very full and explicit. It is a most creditable little work.

Compend of Special Pathology. By Alfred Edward Thayer, M. D., Assistant Instructor in Gross Path- Containing 34 illustrations. P. Blakiston's Son and Company, publishers, 1012 Walnut street, Philadelphia, Pa., 1902. Price 80 cents.

A very full and complete compend of the entire subject of special pathology, written and arranged in a thoroughly scientific manner. It will prove of great value to the student, and to the practitioner who wisher a reliable hasty reference book.

Atlas and Epitome of Abdominal Hernias. By Privatdocent Dr. Georg Sultan, of Gottingen, Edited, with additions, by William B.

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Coley. M. D., Clinical Lecturer on Surgery, Columbia University geons). With 119 illustrations, 36 of them in colors, and 277 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth $3.00 net.

The new addition to Saunder's series of Medical Hand-Atlases covers one of the most important subjects in the entire domain of medical teaching, since these hernias are not only exceedingly common, but the frequent occurance of strangulation demands extraordinary quick and energetic surgical intervention. While the well-known work of Macready will always remain a classic, it has never made any claims to deal with the operative side of the subject and this is the side that, during the last decade, has been steadily growing in importance, until now it is absolutely essential to have a book treating of the surgical aspect of the subject. This present atlas does this to an admirable degree, and without question, will prove of very great practitioner.

The illustrations are not only very numerous, but they excel, in the accuracy of the portrayal of the conditions represented, those of any other work upon abdominal hernias with which we are famaliar. Indeed, like all the other numbers of this excellent series, the work is a worthy exponent of our present knowledge of the subject, and in its field is unrivalled.

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Diseases of the Skin.

A Treatise on Diseases of the Skin. For the use of Advanced Students and Practitioners. By Henry W. Stelwagon, M. D., Ph. D., Clinical Professor of Dermatology, Jefferson Medical College and Woman's Medical College, Philadelphia; Dermatologist to the Howard and Philadelphia Hospitals. Handsome octavo of 1125 pages, with 220 text-illustrations, and 26 full-page lithographic and half-tone plates. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $6.00 net; Sheep or Half Morocco, $7.00 net.

In diseases of the skin, more than in any other, the differential diagnosis is the most puzzling problem to the general practitioner, and, for that matter, to the specialist as well. After this has been established, a proper method of treatment can be decided upon with comparatively little difficulty.

What is most noticeable in this volume is the extreme care that has been given by the author to this subject. The clinical history, the onset of the disease, the symptoms and the order of their development, the peculiar manifestations of the lesions, everything in fact that could be of possible aid has been brought to bear on the subject of diagnosis. Moreover, elaborate remarks have been made under general diagnosis which is of incalculable aid in narrowing the diagnostic possibilities.

What has been said of the author's plan of establishing the diagnosis applies equally as well to treatment. While general lines are laid down, each individual disease receives its own peculiar lines of treatment, which is given in the most minute detail.

The etiology and pathology of the diseases treated is necessarily full and complete, and the book is illustrated with numerous full-page colored plates and text illustrations.

It is without doubt the most valuable work of its kind, to both specialist and general practitioner, that has appeared in recent dates.

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Progressive Medicine, Vol. 2, June, 1902. A Quarterly Digest of Ad-

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vances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Armory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 440 pages, 28 illustrations. Per volume, $2.50, by express prepaid to any address. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

No more representative men of the profession could have been secured for the subjects treated in this issue, and no more important subjects could have been selected. Dr. Coley, in dealing with the surgery of the abdomen, including hernia, gives a through resume of the work done in treating penetrating shot wounds of the abdomen. This is a subject of more than passing interest, as cases of this kind are likely to fall into any physician's hands and at any time. He also considers tubercular peritonitis, the different forms of hernia and appendicitis with especial attention to the time of operation; surgery of the stomach, including ulcer and cancer; surgery of the liver and kidney, genital tuberculosis, and diseases of the large intestine and rectum. It is altogether a most thorough and concise article on subjects of the greatest import.

Dr. Clark considers the treatment of purulent collections in the pelvis, going into detail as regards surgical technique and differential diagnosis. The treatment of cancer of the uterus and other tumors of this region is fully dealt with. Probably one of the most interesting of his subjects is that on the treatment of chronic endometritis, a subject that has been too much neglected by writers in general. He also reviews in toto the origin of dermoid cysts.

Stengel's article on the blood, metabolic diseases and diseases of the ductless glands represents all of recent value that has been determined on these interesting diseases and diseased conditions. Some of the newer methods of staining the blood are also given.

Diseases of the eye, especially the varieties of ophthalmias, are fully treated of by Dr. Jackson.

The entire volume contains much material of exceptional value to the progressive student of surgery and medicine.

International Clinics. A Quarterly of Illustrated Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Paediatrics, Pathology, Dermatology, Diiseases of the Eye, Ear, Nose and Throat, and Other Topics of Interest to Students and Practitioners by Leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A. M., M. D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M. D., Chicago; Alexander D. Blackader, M. D., Montreal; H. C. Wood, M. D., Philadelphia; T. M. Rotch, M. D., Boston; E. Landolt, M. D., Paris; Thomas G. Morton, M. D., Philadelphia; James J. Walsh, M. D., New Yorl; J. W. Ballantyne, M. D., Edinburgh, and John Harold, M. D., London, with Regular Correspondents in Montreal, London, Paris, Leipsic and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, $2.00. Volume 2, 12th Series.

The contents of this volume should certainly be carefully studied by every physician, as it gives in detail the treatment of some conditions fre-

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quently met with and almost as frequently thrust aside by the average practitioner. We have in mind especially the article by Professor Thomas Jonnesco on the resection of the cervical sympathetic for the care of epilepsy and exophthalmic goitre, two diseases that heretofore have baffled all surgical and and medical measures. He reports over 100 cases of epilepsy, with a fair proportion of cures, and with no untoward symptoms. Also fifteen cases of exophthalmic goitre, in which a cure was effected or great improvement followed in every case. This improvement consisted of lessened exophthalmus, cessation of tachycardia, diminution of the thyroid enlargement, and improvement of the general health.

The article is profusely illustrated with photographs of his patients before and after operation.

Another condition whose symptom-complex is often most obscure, is that of intestinal auto-intoxication. This subject is admirably treated by Dr. John C. Hemmeter, who considers the chemical and physical properties of the toxic substances which may occur in the secretions and excretions, as blood, intestinal tract, urine, sweat, etc. The influence of the ductless glands on auto-infection also occupies considerable space. Pancreatic Cysts, by Daniel; Acute Appendicitis, by Walker; Hernia, by Coley, and an outline on the organization and work of the Medical Department of the U. S. A., by Munson, are a few of the many other interesting articles by competent writers.

By constant effort the editors and publishers have succeeded in making International Clinics almost a necessity to the profession, and it well deserves its merited success.

Walking as an Exercise.

The Latin advice, "Post coenam stabis seu passus mille meabis," I modify by resting after every meal. It is pernicious to strain an overloaded stomach, and I would rather go without food than without walk. Obstacles increase the pleasure, vexations cannot dampen the ardor for the luxury I covet most. Rain or shine, in every degree of heat or cold, I go, when feasible, several hours a day—twice as long when my spirits are depressed. In warm weather it may increase perspiration, but that is a discomfort which must willingly be borne. H. W. Beecher said: "There are many troubles which you cannot cure by the Bible or hymn book, but which you can cure by perspiration and fresh air." External gymnasiums are scarce; golf and most other outdoor plays require some exertion of the brain. But when we walk we can give the mind a complete rest, and graduate our effort according to our strength. Let those who are feeble walk, at an easy gait, half a mile—and they will soon find the exercise a pleasure instead of a penance; it will dispel the gloom which they hugged, and their aches will vanish. Air is man's element; he walking through it than a fish would have from swimming in water.—From "Amenities of City Pedestrians," by Louis Windmuller, in American Monthly Review of Review for August.

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PERSONALS

Dr. L. Buck has returned from a trip to California.

Dr. J. E. Hall, of Clatskanie, was in Portland recently.

Dr. Z. T. Dodson, of Lone Rock, has moved to Mayville, Or.

Dr. Hinkley, of Pe Ell, Wash., was a recent Portland visitor.

Dr. F. M. Brooks, of Silverton, was a recent Portland visitor.

Dr. E. B. Rentz, of Kansas, has located in Forest Grove, Or.

Dr. R. L. Smith, of Illinois, has located in McMinnville, Or.

Dr. Wm. Hicks, of California, has located in McMinnville, Or.

Dr. Geo. De Bar, of Jacksonville, Or., has located in Eugene.

Dr. W. H. Snook, formerly of Moro, Or., has moved to Culver, Or.

Dr. A. L. McNeil, of Iowa, has located in McMinnville, Oregon.

Dr. R. R. Cliff, of Rainier, is spending the summer at Seaside, Or.

Dr. G. W. McConnell, of Baker City, visited friends in Newburg recently.

Dr. E. A. Lochart, of Idaho City, was visiting friends in Boise recently.

Dr. A. R. Wentworth, formerly of Brooklyn, N. Y., has moved to Kittery, Me.

Dr. M. F. Shaw, of Ashland, spent part of August at Cloud Cap Inn, Oregon.

Dr. T. Ryall, formerly of Webster City, Iowa, has moved to Des Moines, Iowa.

Dr. E. B. McDaniel, of Baker City, returned recently from a trip to Salt Lake.

Dr. H. D. Rinehart, of Covington, Ohio, are visiting friends in Olympia, Wash.

Dr. H. Josephine Whitney, of Davenport, Wash., was a recent Astoria visitor.

Dr. H. W. Clouchek, formerly of Ann Arbor, Mich., has located at La Grande, Or.

Dr. A. E. Tamiesie, who recently graduated in New York, has located in Salem, Or.

Dr. H. C. Clark, of Jamestown, North Dakota, has moved to Pierre, South Dakota.

Dr. J. J. Glasier, of Springfield, South Dakota, has located at Fouda, South Dakota.

Dr. Warren F. Cameron, a graduate from Chicago, has opened an office in Medford, Or.

Dr. McAlpine, Jr., of Ladysmith, B. C., had both arms broken in an accident recently.

Dr. W. A. Adair, of Moscow, Idaho, will spend his vacation on his homestead at Collins.

Dr. E. L. Hinkly, of Lewiston, Physician, in place of Dr. C. C. Phillips, who resigned.

Dr. H. W. Clouchek, of Ann Arbor, Mich., has charge of Dr. Courtney's practice in Dayton, Or.

Dr. E. E. Doty, of Red Lodge, Mont., is confined to the hospital with a bad case of blood poisoning.

Dr. M. E. Hall, who was called to Victoria, B. C., has returned to his home in Skagway, Alaska.

Dr. McEwen, house surgeon at the City Hospital, Vancouver, B. C., is camping at Greer's Beach.

Dr. J. W. Gue, of Mackay, Idaho.

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spent several weeks of August visiting friends in Hailey, Idaho.

Dr. Carl G. Patterson, of Indianapolis, has entered into partnership with Dr. H. E. Curry, of Baker City, Or.

Dr. Isabelle Sedgwick, of Vancouver, Wash., has opened an office in the Marquam building, Portland, Or.

Dr. F. D. Walsh, of Loyalton, Cal., has moved to Santa Rosa, and taken offices in the Dougherty-Shea building.

Dr. W. Kuykendall, of Eugene, Or., was recently in Cripple Creek, Colo., in attendance at the convention of Woodcraft.

Dr. E. M. Adams, of Portland, Or., who has been house physician at St. Vincents Hospital, has settled in Arlington, Wash.

Dr. W. W. Misner, of Tacoma, will soon leave for Europe, where he will spend ten or twelves months in post-graduate work.

Dr. Stemmler, of Lind, Wash., who was called to Roseburg on account of the serious illness of his mother, has returned home.

Dr. J. W. Lansing, who has been taking a post-graduate course in Chicago, has returned to his home in Ritzville, Wash.

Dr. Edgar Lanin, of Butte, Mont., who was acting strangely, was committed to jail until his mental condition could be determined.

Dr. G. C. Lamb, of Ann Arbor, Mich., will have charge of the practice of Dr. Clowe, of Walla Walla, Wash., during his absence.

Dr. W. E. Newcombe, of Ferguson, B. C., and Miss Cassie Fraser, of Vancouver B. C., were married at the home of the bride July 22d.

Dr. Mae H. Cardwell, of Portland, is spending some weeks in the East, in post-graduate work and visiting some old friends and relatives.

Dr. Numbers, of Weiser, who has been in charge of Dr. Stuvis' practice during the latter's absence, was a recent visitor in Boise, Idaho.

Dr. Clarence Crane, one of Salem's boys, has been appointed superintendent of the Burrage Hospital on Bumkin Island, in Boston Harbor.

Dr. D. A. Hodghead, of San Francis, who has been touring the Eastern states and Canada, was recently the guest of Dr. McGuigan, of Vancouver, B. C.

Dr. Henderson, of Lind, Washington, has gone East on a pleasure trip, and will visit his old home in Kansas, besides taking in the large cities.

Dr. Alex Patterson, of Gardner, spent his vacation in Roseburg, Or. During his absence his practice was left in the hands of his brother, Dr. J. G. Patterson.

Dr. J. S. Bishop, on account of the educational advantages of Forest Grove, has given up his fine practice in Astoria and purchased a home in Forest Grove, Or.

Dr. Sheets, of Buckley, Wash., who is suffering from blood poisoning, had to have the middle finger of the right hand amputated before a change for the better occurred.

Dr. Frank Robinson, is visiting his parents in Waitsburg, Wash., before returning to Chicago to fill the position of house physician in one of the hospitals of that city.

Dr. Charles Pixley, who has had charge of the Bimetallic Hospital of Seattle during the absence of Dr. Humphries, has returned to his home in Anaconda, Montana.

Dr. Rossiter, of Hoquiam, Wash., who died there after a severe illness

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of short duration, will be greatly missed, not only in the city but in the entire Gray's Harbor country.

Dr. F. C. Myers, graduate of the University of Michigan and of the Chicago Medical College, who has practiced in Kalamazoo for fourteen years, has located in Butte, Mont.

Dr. Millard G. Hinkle, one of the best known physicians of Seattle, Wash., died August 2d at the hospital of typhoid fever, after an illness of six weeks. His remains were shipped to Fresno, Cal., for interment.

Dr. Yount, of Wilbur, one of the oldest and best known physicians of western Lincoln County, who has for some time shown evidence of being mentally unbalanced, has finally been taken to the asylum for safe keeping.

Dr. F. Montizambert, Director General of Public Health for the Dominion, is visiting British Columbia. He is inspecting the various quarantine stations of the province, and reports the work of the quarantine service as distinctly favorable.

Dr. Horace J. Littlefield, aged 33 years, died at Newburg, Oregon, August 3d, of spinal meningitis. The deceased was a first honor graduate of Rush Medical College, and had an extensive practice in Newburg and the surrounding country. He leaves a wife and three children to mourn his early death.

Dr. A. S. Nichols, of Portland, Or., was the victim of an accident which caused a bad fracture of the leg August 11th. Dr. Boys, who saw the accident, tried to reach him in time to prevent it, but it was too late, as the horse had already thrown Dr. Nichols out. He was taken to the North Pacific Sanitorium and made as comfortable as possible.

Dr. H. C. Nelson, formerly of Los Angeles, Cal., while busy attending to the infirmities of the people of Buffalo Hump, Idaho, picked up a paper in which he noticed an account of his own death. The doctor walked 250 miles from the heart of the Thunder Mountain district to the nearest railway station to take train for home, to satisfy his wife and friends that he is still a resident of this planet.

Dr. De Witt C. Newman, of Spokane, Wash., has been installed as Health Officer in the place of Dr. E. L. Kimball, who was asked to resign. As a result of the appointment of Dr. Newman, Dr. C. S. Kalb, a member of the Board of Health, has tendered his resignation. Dr. Kalb thinks the office has degenerated into politics, and he does not care to be a party to it. This leaves but two physicians on the board, Dr. William Chapman and Dr. G. W. Roberts.

Dr. H. J. Littlefield, 33 years of age, who was a son of Dr. H. R. Littlefield of Portland, died recently at Newburg, the result of meningitis. Dr. Littlefield spent a couple of months last winter in Arizona, where he improved very much in health, although he had not completely recovered at the time of his return to Newburg. Dr. Littlefield has many friends in Portland and through this country. He was a graduate of the Rush Medical College, and leaves a wife and three children.

Dr. J. E. Irwin, of Anaconda, Mont., who had charge of the practice of Dr. Lansings, of Ritzville, Wash., died there July 18, from the effects of an overdose of cocaine, aged 32. Dr. Irwin was a graduate of Rush, and for two years house physician of Cook County Hospital, Chicago. Dr. Irwin was married a year ago, but his wife died last December, and her death effected a great change in his health, and he never rallied from the affliction. His brother, Dr. J. H. Irwin of Havre, Mont., accompanied the remains to Chicago.

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MEDICAL SENTINEL

Volume X *Number 10*

OCTOBER
1902

By
Henry Waldo Coe, M.D.

Notes

Oregon State Medical Association, not Society, please!

"Dr. Smith."—If your name is Dr. Smith, you are cut out for a presiding officer.

Outside Representation at the Oregon State Meeting.—We regretted to note the small attendance at the late meeting from points outside of Oregon. Quality, of course, helps though.

Home and Foreign Luminaries.—The results of the last two meetings of the Oregon Society demonstrates that there is a happy midway place between too many and too few foreign medical speakers at the meetings.

Dr. A. D. Mackenzie.—Dr. "A. D." was re-elected as Secretary. He pursued that unaltered and alterable demeanor and system of doing things during the session which has endeared him to those who know him and whom he knows best.

Dr. Mae H. Cardwell was re-elected Treasurer, and that unanimously, which means her tenth year, after which she says she proposes to resign. She was in New York at the time of the meeting, but the Society elected her, present or absent, a mark of its high esteem for her as a woman and a physician.

The Energetic Secretary of the Idaho State Medical Society, Dr. Ed. E. Maxey, of Boise, has prepared an admirable program for the coming session, October 9th and 10th. Several questions of special interest will also come up, among them the question of affiliation with the reorganized American Medical Association. Dr. H. A. Castle, of Pocatello, will fill the Presidential chair.

Dr. Nicholas Mollitor, of La Grande, Oregon, was in Portland the other day, on his way to San Francisco, where he goes for a few months' rest, and to look up some work in the hospitals. Dr. Mollitor has a very large practice, which keeps him and his partner, Dr. Smith, busy, and it is good that he can get away for a little rest.

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The Montana State Board of Medical Examiners.—This Board consists of the following: President, Dr. J. A. Sweat, Great Falls; Secretary, Dr. C. A. Riddell, Helena; Treasurer, W. H. Campbell, Kalispell; Executive Committee, Dr. G. H. Barbour, Helena; Dr. O. C. Evans, Missoula; Dr. I. D. Freund, Butte.

Board of Councilors.—The Board of Councilors appointed by the Oregon State Medical Association are as follows: Drs. W. J. May, Baker City; J. A. Fulton, Astoria; W. F. Amos, Portland; G. F. Wilson, Portland; C. S. White, Gervais; S. T. Linklater, Hillsboro; W. T. Williamson, Salem; Wm. House, Pendleton; M. H. Ellis, Albany; R. C. Coffey, Portland.

The Meeting of the Idaho State Medical Society, at Moscow, Thursday and Friday, October 9 and 10, promises, as we go to press, to be an excellent one and well worth attending by all our readers who can steal the time for a trip into this interesting and unique region of the Great Northwest. A representative of The Sentinel will be in attendance, and many of the papers read, with a full report of the sessions, will appear in our November issue.

Dr. Kenneth A. J. Mackenzie East.—Dr. Kenneth A. J. Mackenzie, of Portland, went East for a short trip immediately after the close of the State Medical Society, in order to place his son and daughters in school, the one in an Academy in Massachusetts, the others in a seminary in Kentucky. Dr. Mackenzie's hurried departure is the only reason why we have been denied the pleasure of presenting our readers with his paper, and an original, simple, but very efficient surgical method which has been devised by him, and which we hope to present in an early issue.

Board of Councilors' Meeting.—The Board of Councilors of the Oregon State Medical Association held a meeting on the evening of the second day of the last session, and elected Dr. C. S. White as President and Wm. F. Amos as Secretary. The President appointed the following committees:

Committee on Scientific Work—Dr. A. C. Smith, Dr. Woods-Hutchinson, Dr. K. A. J. Mackenzie.

Committee on Public Policy and Legislation—Dr. C. J. Smith, Dr. H. W. Coe, Dr. S. E. Josephi.

Committee on Publication—Dr. Burke, Dr. A. D. Mackenzie, Dr. W. F. Amos.

Executive Committee Out.—By the change in the constitution, the Executive Committee of the Oregon State Society was legislated out of office, several members of which would have held over for some years. Dr. Coe would, during the coming year, have been Chairman of the committee, serving his fifth year as a member. Dr. G. M. Wells had two years yet to serve, Dr. Andrew C. Smith would have served three years, while Dr. W. F. Amos, whose splendid record as Secretary of the Society will never be forgotten, and who was elected as Secretary of the Councilors, gave up four years of work on the Board. Dr. Dickson closed a splendid record on the committee by the good work, which he did this year as Chairman.

Dr. J. F. Bell Home.—Dr. J. F. Bell, of Portland, who has been spending six or eight months abroad, is once again with us, and his smiling countenance beamed upon the happy company who were present at the banquet recently given the visitors of the Oregon State Medical Society.

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Dr. Bell is a London graduate and was simply once more at home among his old friends, during the time in which he spent several months tramping the hospitals and looking up other post-graduate matters. Dr. Bell, who was accompanied by Mrs. Bell, took a running trip through the Continental countries, and brings back recollections of many pleasant times during this season of recreation. This trip was a recreation from the exacting duties of a large practice.

Original Work.—Dr. R. C. Coffey's paper on "Gastroptosis," published elsewhere, is one in which the profession of the Northwest generally may well take interest. The method was reported nearly a year ago before the Portland Medical Society and before the Whitman County Society. Sufficient time having elapsed since the first operation to prove the value of the procedure, the present may be considered in the nature of a proven claim for original work in the procedure described.

Regarding the subject, Dr. Park Weed Willis, of Seattle, in discussing the paper at the State Medical Society, said: "I feel proud of the fact that Dr. Coffey is a Western man, because of the energy and activity he has shown in original work, worthy of the efforts of our best scientific men. I believe the operation reported here by Dr. Coffey for the treatment of gastroptosis is one which will be much used and will live to take a place in medical literature."

Dr. Coe Grateful.—Dr. Coe desires to express his sense of appreciation of the generous treatment which he received at the hands of the Oregon State Medical Society in being chosen as its president at the late meeting. A unanimous selection, with the very evident good will manifested in making it, places him under lasting obligations to the society. He feels his own unfitness for the responsible position, especially in this year of transition from the old to the new constitution, and only by the helpfulness of all the membership can he hope to make even a moderate success of the work of the coming year. This help he earnestly asks. From his experience in days gone by as President of another State Medical Society, and the willingness of his colleagues then to overlook his shortcomings, he hopes that during the present year he will be equally fortunate, through the assistance and forbearance of a good-natured lot of medical associates and friends.

Oregon State Society's Executive Session was as interesting and impressive as its results were important. Seldom have we been present at a discussion conducted with such dignity, fullness and fairness, and such entire absence of personal feeling or recriminations of any sort. A marked difference of opinion developed, but the opposing views were presented as courteously as frankly, and the minority not only heartily acquiesced in the final decision, but assisted in devising a plan of action to clear up the somewhat confused condition in which the immediate adoption of the new constitution landed the Society, after its adjournment.

The debate was opened by the report of the Executive Committee upon the question of the new constitution and recognition of affiliated societies which had been referred to it at the last session. This recommended three societies as qualified for affiliation—the City and County of Portland, the Eastern Oregon District and the Southern Oregon—and submitted for adoption a slightly amended draft of the "model" constitution suggested by the American Medical Association. The report was made by the Chairman, Dr. J. F. Dickson, who advised on behalf of the committee that the two sections of the report be considered separately. It was also stated on behalf of the committee that they submitted the report, not as an official recommendation, but as a working plan suggested for the purpose of getting the judgment of the Society. The adoption of the first section, referring to the recognition of the three societies, was

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moved and seconded, and a spirited debate followed. After various amendments and counter-motions had been ruled out of order, a vote was taken and the motion decisively defeated.

Amendments were then moved to Section 5, Chapter XII of the by-laws of the submitted constitution, one requiring each local society desiring affiliation to elect its members by a majority vote in open session, thus abolishing the black-ball, and the other qualifying for membership those physicians practising according to the code of the A. M. A. and agreeing not to practice sectarian medicine. These were endorsed by the Society and the constitution as amended then promptly adopted by a unanimous vote.

Intra-Tracheal Medication in Diseases of the Respiratory Tract.

Joshua L. Barton, in The Journal of Tuberculosis, says that his experience with his method of medication leads him to heartily endorse it. In simple acute tracheolaryngitis, tracheo-bronchitis, bronchitis, and asthma, when secondary to bronchial disease, a rapid cure may be confidently predicted. He discusses in succession the commonly offered objections:

1. Interference with respiration. 2. Excitation of severe cough. 3. Can be used only by the laryngologist. 4. Has no therapeutic value. Considering the length, diameter and ramifications of the trachea, aggregating a respiratory surface in these tubes of about 130 square meters, that this large surface is covered with epithelium capable of absorbing liquid and gases, and furthermore that the amount of liquid introduced is only about half an ounce, in drachm doses, it is evident that there can be no complete or serious stoppage of air, and its equivalent, oxygen.

The fear of cough may be dismissed in the knowledge that the remedies are dissolved in a bland, unirritating oily fluid as olive oil, glycerine, or petroleum. These do not irritate that portion of the larynx supplied by the superior laryngeal nerve in the small quantity that comes in contact with the larynx, while the lower respiratory tract is more tolerant.

Diagnosis of Locomotor Ataxia.

E. J. Brown states that locomotor ataxia is one of the most common of the chronic nerve diseases. It is often unrecognized for years, although the most easily recognized of all cerebrospinal nerve lesions. To avoid overlooking this disease, examine every patient with symptoms of whatever nature for the knee-jerk and the pupil reaction; if both exist, the patient has no tabes. Examine further for evidence of tabes in any patient showing the following symptoms: difficulty in walking, especially in the dark; gradual failure of vision or a transient squint; lancinating pains, or neuralgic pains in legs, sciatica, chronic rheumatism; sudden attacks of gastric pain, or causeless vomiting, or bilious attacks, frequently repeated; difficult or urgent urination (bladder disease), incontinence of urine or faeces, numbness of anal region; diminution or failure of sexual power; a sluggish ulcer on foot or leg; a large painless swelling of a joint; spontaneous fracture of a long bone, or a fracture from some trivial cause. Numbness of one or both little fingers, or of ulnar side of forearm.—Medical Fortnightly.

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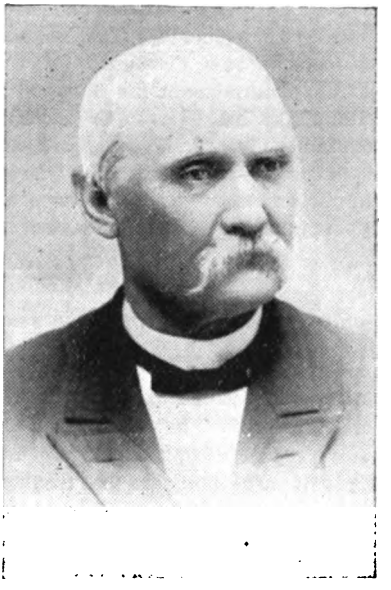
Editorial Notes

Executive Business in Full Meeting.

The plan suggested by President Smith, and adopted by the Oregon Society, that executive business and election of officers should take place as a special order in the forenoon of the second day, would be a good one to adopt as a routine procedure in future meetings. At such an hour the attendance is the largest of the session, and the important business transactions and selection of officers thus comes before a body more nearly representative of the whole society than if such matters are taken up at the very last session of the meeting, when so many of the members, after reading their own papers, have dropped out of the session, or where those living out of town have rushed away to catch an early boat or train for home. The doctors are still fresh in their work, too, and matters are not so likely to be rushed through while half understood, as though every one were tired and seeking to close up the business of the session before the shadows of night should become too dense.

Death of Dr. C. H. Hall.

In the passing of D. C. H. Hall, of Salem, on September 13th, the medical profession of the State loses one of its oldest and most striking figures. In addition to the achievements of a long career, dating from pioneer times, he possesses the unique distinction of having been twice elected President of the State Medical Society. Dr. Hall was born in Lexington, Ky., in 1833, and was educated at Ashbury University, Indiana, where he received the A. M. degree in 1854. He went to Louisville, Ky., and began the study of medicine, but in the following year his plans were changed and he joined Captain William Craig's engineer corps, and assisted in a preliminary survey for a railroad to the Pacific Coast. He came to Oregon in 1856 and occupied the Professorship of natural science in Willamette University, of Salem. He retained the chair for three years and afterward taught in the Lebanon and Portland



Academies. After graduating from the medical department of the Willamette University in 1868, he immediately began the practice of medicine and continued in active practice until a few months ago, when ill health obliged him to retire.

In 1871 he accepted a professorship in the Medical Department of Willamette University, on pathology and general practice, and also became editor-in-chief of the Oregon Medical and Surgical Journal, with

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which he was connected until 1877, when the medical college was moved to Portland. In 1887 he accepted a chair in the Medical Department in Portland, as professor of theory and practice of medicine and general pathology, devoting two days of each week to college work, the remainder of the time to his practice at Salem.

Dr. Andrew C. Smith for President of the State Senate.

The Sentinel is glad to note that there is a disposition on the part of a considerable number of members of the Oregon State Senate to choose as its presiding officer for the ensuing term Dr. Andrew C. Smith, of this city. Dr. Smith spent his boyhood in Portland, and has been in the practice of medicine here for fifteen years, and the successful professional career which he has achieved is evidence not only of personal attainments, but of the courteous manner in which he treats his friends, and is an assurance of the satisfactory manner in which, as presiding officer, he would be able to carry out the work of the legislative session. Dr. Smith is a fine parliamentarian, a ready speaker, and a quick thinker, and just the kind of a man who would be able to expedite matters in the important position to which his friends at this time seek to advance him.

The Medical Sentinel feels that it can speak for the medical profession of the State of Oregon, one thousand members strong, and one of the leading elements of the body politic in this commonwealth, when it says that there is not a doctor in the State who does not feel cordially towards him, and will not feel it an honor to the profession, in which he has been President of the Portland Medical Society and of the State Medical Society, to see him elected to this position.

Chronic Proctitis and Its Treatment.

Gant (Post-Graduate) mentions two forms of chronic proctitis, viz., hypertrophic and atrophic. In the first the stools are likely to be frequent and composed of more or less mucus and blood. Fibroid, vegetative or cicatricial changes may be the result, followed sometimes by stricture. In the atrophic form the mucuous membrane is dry and fissured and bleeds easily. There is little mucus and the stools are dry and hard.

The diet is important. The patient should avoid cold, acid, carbonate and alcoholic drinks, tea, coffee and tobacco, and greasy, highly seasoned foods. Eggs, milk, cream, nourishing soups, broiled steak, potatoes, rice, koumiss, etc., are allowed unless they disagree. Fruits and vegetables may be taken in limited quantity. The intestinal antiseptics are used to prevent and diminish intestinal fermentation. He has found the following satisfactory:

Potass. permang., gr. 1.
Sodii sulphocarb, gr. 5.
M. Sig. One enteric coated capsule t. i. d. one hour after meals.

Betanaphthol, dr. 4.
Bismuth salicylate, dr. 2.
M. et div. in chart No. 24. Sig. From 3 to 12 powders in 24 hours.

Salol, dr. 2½.
Bismuth salicylate, dr. 2½.
M. et div. in chart No. 30. Sig. One powder at each of the principal meals.

As a laxative he recommends the salines.—Charlotte Medical Journal.

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Puerperal Eclampsia.

Dr. Walter H. Watt (Glasgow Medical Journal, July) considers the relative advisability of induction of premature labor or of immediate delivery. The supporters of these methods allege that, with the emptying of the uterus, the fits will cease. Clinically, this is opposed to facts, since uterine contractions directly excite the convulsive attacks, and the effects of pregnancy on the maternal organism by no means disappear immediately after delivery. It would seem better not to induce labor unless all other means of checking the convulsions have failed. In such cases, probably, the most satisfactory course, where there is only a slight dilatation of the os, would be to use the method of Krause—i. e., to pass slowly one or two rubber catheters, well sterilized, deeply into the uterus. This is easily done, and, above all, causes the least possible irritation to the maternal organism. A point worthy of notice is the rapid dilatation which often occurs during a vapor bath, due, probably, to the almost complete relaxation; cases are even on record of delivery during the course of such a bath. If, however, labor comes on spontaneously, the best plan would be to shorten its duration as much as possible. Apply the forceps and deliver the child as soon as the necessary conditions are present, but always under deep anaesthesia.

As for venesection, the author believes that it is contra-indicated in most cases on account of the resulting increased tendency to heart failure, which is already very great. Its only justification would be in the case of a strong plethoric woman with over distension of the right heart. Even here, he believes, free diaphoresis, with saline subcutaneous injections would be of less danger and of equal value, and would serve the same ends.—N. Y. Medical Journal.

Pyrogallic Acid in Urinary Affections.

Minet has been very successful in relieving tuberculous and other cystitis, in chronic prostatitis and aseptic chronic urethritis, by instillation of 2 to 4 c.c. of an aqueous solution of 2 per cent. pyrogallol. He repeats the instillations two or three times a week and continues them for a long period. The bladder should be emptied and gently rinsed beforehand. These instillations soothe the pain and reduce the frequency of micturition while he never noted any indications of intoxication.—Ex.

Migraine.

Kowalewky (Medical Standard) suggests the following in the treatment of migraine:

℞ Sodii bromidi.....ʒ ii	8	
Tinct. strophanthi...ʒ ss	2	
Cocainae hydrochlor .....gr. iii		15
Aq. aurantii flor....ʒ v	180	

M. Sig.: One tablespoonful three times a day in milk.

Camphor for Ulcers of the Leg.

According to the Journal of Tropical Medicine, camphor gives the best results in ulcers of the leg. The prescriptions are as follows:

℞ Triturated camphor, ½ drachm.
Zinc oxide, 7½ drachms.
Lard, to 6 ounces.
M.

Or:

℞ Triturated camphor, ½ ounce.
Zinc oxide, 3 ounces.
Olive oil, 3 ounces.
M.

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OUR NEW CONSTITUTION.—If progress consists, as we have been led to believe, in adjustment to a continually changing environment, the Oregon State Medical Association took a long step in advance at its recent meeting. First, in the adoption of the model constitution suggested by a committee of the A. M. A. for state organizations, thus placing itself in affiliation with the majority of all the states in the Union and in step with the great, national march of medical progress. It is true that in doing so it incidentally legislated out of existence its own former membership and self, but this defect will be readily remedied before the next meeting, and we shall have the great advantage of a clean start all round on a broader basis. A committee has been left in charge of the accouchment and will no doubt deliver safely. The change is one which makes for breadth of view and harmony of effort in every direction. It adequately recognizes for the first time in the history of the Association the essential solidarity of the medical profession in spite of the sects and cliques into which it may have allowed itself to become divided.

ALL THE WORLD IS OUR PARISH.—The note of a broad, manly and tolerant catholicity is most clearly struck in the language of the section on membership, of the newly adopted constitution, "It shall promote friendly intercourse between physicians of the same locality, and shall continue these efforts *until every physician, in every county*

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in the state, who can be made reputable has been brought under medical society influence." This means, of course, the ignoring of the individual likes and dislikes, to which the medical profession is so peculiarly and painfully prone, the recognition that all who are laboring for the health, the sanitary education and the welfare of the community, have a common ground upon which they can unite, in spite of personal differences of opinion or even of ethics. Just as there are exceedingly few men in whom the good does not far outweigh the bad, there are very few, indeed, of our professional brethren with whom our points of agreement are not at least three times as numerous and important as our points of disagreement. Nor need we fear that by such broadening of our platform have we in any way weakened our principles or lowered our standards. On the contrary, we believe that they will be strengthened thereby. Any really representative gathering of men practicing according to the code of ethics of the American Medical Association which, after all, is simply the code of the honest man and the gentleman, any gathering, to become a member of which "full and ample notice and opportunity has been given to every such physician in the county," need ever be a subject of doubt as to its overwhelming majority in favor of the right, the honorable and the courteous thing in any emergency that may arise. The competent, scientific and honorable element will surely dominate and benefit the less desirable members, if any such there be, while the mischief makers will find themselves with far less power for harm inside such an organization than they had outside of it. As Marcus Aurelius long ago pointed out, "No man can injure us save by our own consent," and the man who was injured most by the petty dislikes and jealousies, nay even the righteous indignation and disapproval, which have made the "differences" of doctors a by-word and a reproach in the mouths of the laity from time immemorial, was not the object of these feelings but the man who harbored them.

PERSONAL PREFERENCES BARRED.—As a necessary corollary it seems to us, of this more strictly professional, scientific and humanitarian basis of unity, came the second marked change in the organic law of the Association, that of ruling out the principle of the black-ball. From participation in the great work of professional and humanitarian progress no man must be debarred except for cause and by the judgment of his peers. The secret black-ball, with its utter absence of responsibility, the impossibility of ascertaining its source, while eminently proper in and well adapted to the needs of a social club, where the first requisite of all is good fellowship, "clubbability," and the exclusion of any individual who would become a jarring note in the harmony, is entirely out of place in broad, representative, public organizations. Any man who is considered by the majority of his peers to be fit and worthy to lend a hand in the great work, is certainly entitled to that privilege, even though there be, in the body with which he wishes to unite, a dozen men who happen to

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dislike him on personal grounds, however valid these grounds may seem to the individuals holding them. A man who will allow purely personal considerations to interfere in this way with his business relationships, his political affinities, his religious or philanthropic affiliations would speedily find himself either in an exclusive organization of one, or making a successful failure at every point. Yet this is, in our judgment, what the medical profession has done far too extensively in the past, and is one of the secrets of the small amount of consideration which it can demand as a right in either politics, business or philanthropic affairs. But it is not, thank Heaven, a necessary part of our mental make-up, as our enemies have cheerfully assumed, and we propose to be rid of it in the future.

* * *

THE FREEDOM OF SCIENCE.—The second necessary corollary of this broad and impersonal position is embodied in the clause of our new constitution making eligible to membership every reputable and legally qualified physician, practicing according to the code of ethics of the American Medical Association, *who will agree not to practice sectarian medicine.* This, which is likely to be bitterly bemoaned as another lowering of our professional standards, is really nothing more than the incorporation into our Constitution of what has long been our unwritten law and avowed belief. We have all along contended that there was no need for any school of medicine terming itself "eclectic," as we, the regulars, were eclectic in every true sense of the term, choosing from whatever source, everything which had been proved to be good. Our issue with the homeopathic division lay, not in the fact that we did not believe in the principle of "similia," as such, for we have never been "allopaths" except in the mouths of our enemies. On the contrary, we just as promptly and emphatically disavow the principle of "*dissimilia,*" for what we object to is merely the holding of any single, exclusive and universally applicable principle in the treatment of all diseases. We would rule out any man who called himself an "Allopath" just as promptly as one who called himself a Homeopath. Our practice is based solely upon the discoveries of science, checked by the experience of the past, and any man of average intelligence and sufficient training to pass a state board of examiners is at liberty and welcome to use any remedies or methods of treatment, which commend themselves to his judgment. If his views are mistaken he will be the severest sufferer by them and we can leave the question of who is right, as the spirit of true agnosticism has taught us must everywhere be done, to the slow but sure arbitrament of time. And it will do us no harm to remember, as an excellent antidote for any Pharisaical tendencies, that the exclusive principle of *similia* is no new and peculiar thing or method, but a survival of the equally irrational and exclusive principles of treatment firmly believed in by our own direct ancestors of no very recent date. The briefest study of the doctrine of signatures, the principle of contraries, the Brunonian system and the antiphlo-

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gistic methods of treatment, which persisted to within even the memory of most of us, ought to diffuse an atmosphere of sympathy around our feelings toward our single-principle brethren.

* * *

THE FEDERATION OF THE MEDICAL WORLD.—There is a noble attractiveness, even a grandeur in the conception of a united medical profession coming together for its own advancement and the welfare of humanity, upon the platform of unity in essentials, liberty in non-essentials and charity in all things. The possibilities of achievement of such a body in the direction of medical education, sanitary reform, school hygiene and the advancement of science are almost without limit, and instead of lowering the standards or loosening the noble bonds of moral obligation, its effect would be to rivet and strengthen both. As we are at present situated, with small, disconnected and often bitterly hostile bodies in every county, for every division of the profession, and wherever the number of physicians is sufficient, usually one for each party or clique within the petty limits of each separate school, the opinion of any one of these bodies can carry but little weight, either with the profession as a whole, or with the general public. How different would be the case with a great single organization of which all the local bodies were branches and representatives, and which every physician who can be made reputable and does not practice sectarian medicine is not only free, but cordially invited, to join. Even the formal disapproval of such a body as this, or of one of its branches, would carry a weight which would be appreciated not merely by the entire profession, but even by the more intelligent element of the laity as well, and he would be a bold man who would lightly risk or indifferently regard its censure. The mere fact of not belonging to such an Association would rapidly come to be a fact which required an explanation, just as the inability to show a diploma from some sort of a college now is. Far from lessening the control of the profession over the conduct of its members the new state of affairs positively increases it. Here is at last, for the first time, a body both competent, impartial and impersonal to which can be referred the thousand and one differences of opinion which, worthy as they often are, are totally unfitted to be submitted to any lay tribunal, yet which go to make up two-thirds of the bitter personal differences existing between our members. The difficulty in adjusting most of these lies in the fact that our rule of conduct towards one another involves not merely legal rights or commercial standards, but very frequently, to put it frankly, questions of taste. In many cases the issue is not even a moral one, but merely a question as to what is becoming in a physician and a gentleman. We are proud, and justly so, of our standard, but we must remember that it is one which leaves room for the widest differences of even perfectly honest opinion. One of the most useful functions of the new organization will be to serve as an impartial tribunal, to which differences of opinion as to the proper procedure under certain delicate circumstances can be frankly and courteously submitted at their

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very beginning, and thus prevented from developing into a life-long bitterness. We sincerely trust that these divergences will be promptly and frankly submitted to the committee on questions of ethics, and we are sure that its decisions will be cordially accepted and abided by, as with most of us our only desire is to know the judgment of the profession upon the point in question, as a guide to future conduct.

VIRCHOW THE MAN.—The editorial pages of all our fellow journals have been filled for weeks past with so many and such able tributes to the wonderful achievements and services to his profession and his kind of Rudolph Virchow, that it seems presumptuous, if not impossible, to add anything to what has already been said. However, *The Sentinel* feels that it owes to itself to at least pay its tribute in some form to the memory of the great dead, and that it may perhaps be pardoned if under the circumstances this assumes a somewhat personal turn, as least likely to be only an echo of abler appreciations.

The greatest lesson for most of us lies in Virchow's achievements as a man, entirely outside of his scientific activities. Few indeed of us are born with his wondrous talent for scientific research, with even a share of that marvellous insight into the very heart of every problem, which made him the master mind in pathology for half a century, but all of us may attain to some measure of that unselfish devotion to the welfare of his fellows, which made his fame as a philanthropist, as sociologist, as statesman, second only to his rank in science. Certainly none of us can plead "no time to spare" with those kindly blue eyes looking down upon us from the heights of that lordly pile of medical achievement.

Not only was he a professor who in fifty years never missed a lecture, save on account of illness, a research-worker whose contributions followed each other in a steady stream of bewildering brilliancy, an editor of four different journals at once, an anthropologist of world-wide reputation, but he was also an "Alderman" of the city of Berlin for 42 years—how many such have we in New York or Chicago?—a member of the Prussian Legislature for 30 years, a "Congressman" in the Imperial Parliament, the Reichstag, for nearly 20 years. Nor was he merely a detached scientific adviser in these bodies, so far from it that he was honored by the bitter personal enmity of the Great Iron Chancellor himself, on account of the vigor and effectiveness of his opposition to tyrannical methods.

A MAN OF LIKE PASSIONS.—But it will do us no harm and may console, nay even encourage us somewhat to recall that he had the lovable little human weaknesses like the rest of us. He was no exception to the great lot of the necessary limitations of humanity. So long as he personally was growing and progressing so was the world of science,

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but its progress stopped when his did. Equally with lesser men he suffered from that metaphoric calcification of the cerebral arteries, which attacks most of us after, or even before, fifty-five. Though not yet up to the age limit he admirably exemplified Darwin's generalization that of those scientists who were over forty when *The Origin of Species* appeared, few ever fully accepted its views. Master in anthropology as he was, he would never admit for a moment the kinship of man with the apes, and was never quite comfortable when the doctrine of the unbroken descent of animal forms was broached. Similarly in pathology he came more and more to regard the changes in the morbid anatomy of the cells as the essential element of disease; causative factors were of most secondary importance, the chief question was did the tissues show the characteristic changes?. If so, that identified the disease.

With the newer conceptions of biology, regarding the cells and their changes as mere products of broader tendencies, or in Huxley's fine phrase, as "pebbles upon the beach, showing by their arrangement the force and direction of the ebb and flow of the tides of life," he had no sympathy whatever.

* * *

VIRCHOW'S KINDLY INTEREST IN BEGINNERS.—I shall never forget, or fail to be thankful for my only interview with him, but a few years before his death. The slight, frail, round-shouldered, but still active and fairly erect figure, the calm, kindly, blue-gray eyes, peering short-sightedly at me through his glasses, the slow, gentle but decided speech, the pale, ivory tint of the clear-cut aquiline features, are before me yet. He listened with a patient smile of courteous attention as I, with youthful enthusiasm, submitted to his judgment, in halting German, a long-loved scheme of comparative study of disease, based upon the varying forms assumed by it in different species and families of animals. When I had finished he spoke briefly and quietly. "*Sie fragen falsche Fragen* (questions). There is no difference. A disease is always and everywhere the same in essential characters. Besides you must wait till these diseases occur of their own accord in each species and hence cannot submit the question to direct laboratory experiment. I would waste no time over it. Would you like to look over the Institute?" It was a bitter pill, and made me blue for a week, but the blueness was of a mercurial character and the after effects most beneficial.

Then he showed me the glories of his splendid Pathological Institute, dwelling affectionately over the choicest specimens, which he knew by heart, and showing me where I could find the comparative specimens. At length we came to the morning's grist of new material. A lung interested him at once. Fingering it lovingly he said: "Now here is what Koch and his followers would call tuberculosis, but I have proved that it is not. You can see for yourself that each of these little apparent nodules has an opening in the center and is really an infiltration around a tiny bronchiole. The true

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tubercle is solid." To him the "anatomical tubercle" was the essential character of the disease, and this might be produced by various causes. He never cordially accepted the bacillary theory, but stood for the duality of tuberculosis to the last.

LOCAL SITUATION IN PORTLAND.—The change in the organic law of the State Association raises an interesting problem in the Portland profession. Both the existing societies, we understand, the City and County of Portland and the Multnomah County are alike disqualified for affiliation by black-ball clauses in their by-laws, which must needs be stricken out before either is eligible.

This leaves the ground clear for whatever readjustment seems most advisable. The profession fully recognizes the problem and is disposed to deal with it in a broad and liberal spirit, whether by the union of the two existing bodies, by fusion or by inclusion, or by the formation of an entirely new organization, as seems most desirable. Either would unite the entire local profession for purposes of affiliation with the State and American Medical Associations and every eligible physician could be invited to join. Then if any group of members of either of the present societies wished to form a smaller organization, a medical club of social as well as scientific character, a clinical or pathological society, they could readily do so without having to regard themselves as a portal to any larger organization, or admit anyone who for any reason was distasteful to them. Such societies exist in almost every city of metropolitan size, and are most useful and enjoyable affairs.

AN ENEMY OF SCIENTIFIC FREEDOM DEFEATED.—Every good citizen, as well as every member of the profession, has cause to rejoice over the recent defeat for renomination of Gov. Gage of California. Gage will be remembered as the cheap politician who disgraced the state of California and scandalized the whole scientific world, by using his official position to stifle freedom of speech and browbeat and insult medical men, who were simply doing their plain duty.

When the first cases of plague occurred in the Chinese quarter of San Francisco, and were reported by the U. S. Marine Hospital Inspector, Dr. Kinyoun, Gov. Gage, instead of cleaning up Chinatown, whose sanitary condition was a disgrace to any civilized community, hotly denied the report and denounced Dr. Kinyoun as an enemy of California, who was trying to injure trade and interfere with her commerce.

The State Board of Health investigated the matter and confirmed the report. Gage promptly ejected every member from office and appointed a gang of creatures of his own, real estate men, merchants, plumbers, dentists, anything but doctors, who to the lasting credit of the profession of California flatly refused to serve under such a

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tyrant. This precious body "investigated" and reported as ordered in advance "no case of plague."

The U. S. Government appointed a commission of experts, including Flexner and Llewellys Barker, men whose names carry weight wherever English is spoken. These found abundant evidence of plague-infection, but still the Governor knew better, contradicted their statements and denounced them as enemies of California like the others .

And so the plague still smoulders and the California authorities, ostrich-fashion, industriously hide their heads in the sand. It will surprise no one to know that the man capable of such conscienceless conduct is now in the courts on a libel suit, accusing him of stealing furniture, manufactured at the penitentiary, from the State. The side-board in question must feel quite at home in the gubernatorial dining-room.

By a pleasing coincidence, the candidate who defeated him for the nomination is a physician of high standing in his profession.

REST AS A REMEDY.—Ochsner has added another to his signal services to practical medicine in his recent paper in American Medicine, extending the principle of the rest-cure to other septic conditions. The gratifying results secured by Oregon surgeons from his already classic method of treating appendicitis, by washing out the stomach, withholding all food or liquids whatever by the mouth and feeding by injections of prepared foods and normal salt solution every four hours, per rectum, render more than an allusion to its triumphs superfluous. Whoever has once seen pain disappear, temperature subside and peritonitis promptly localize itself, as if by magic, all within twelve hours, in a really desperate case, needs no further argument as to its value. Now he reports a series of 52 successive cases of septic infections of the hand treated by this same method of absolute rest, without a single death. The patients were simply put to bed, the whole limb enveloped in a dressing of gauze saturated with a hot solution of boric acid mixed with one-third of its bulk of alcohol, and laid upon a long splint so that the pumping of the poison up the arm and into the general circulation through the lymphatics by muscular contractions is prevented and the infection remains local and is rapidly surrounded by a cordon of leucocytes.

Equally encouraging results are obtained in typical cases of peritonitis following criminal abortion. This class is now in Ochsner's Augustana Hospital "almost without any mortality." As in appendicitis, wash out the stomach, thus also emptying the small intestine, withhold food and drink, thus abolishing peristalsis, and the infection having no agency to spread it broadcast through the peritoneal cavity, will rapidly become localized and encysted.

THE TIDES OF PROGRESS AND THE "EDDY."—Christian Science has

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just received another interesting backset from an unexpected source. Some months ago Judge Pennypacker, of Pennsylvania, declined to grant a charter to a new "church" of this sect, on the ground that it was a medical instead of a religious organization. But worse was to follow. Now comes Judge Arnold with a decision in which he also refuses to grant such a charter on the ground that it is a *commercial organization whose chief object seems to be financial profit,* and hence is not entitled to the privileges and immunities of a religious body. Not only does Judge Arnold call it commercial, but he proves it by a most pithy quotation from the requirements for membership, one of which is to agree to sell as many copies of the book of Mrs. Baker-Glover-Eddy (whatever her last name may be for the present) as possible. Failure to do this will forfeit membership. All of which is most interesting reading for the sane members of the community. These are the sort of influences, the resistless logic of events, which will slowly but surely undermine this delusion. We can afford to trust to time. Active attack and denunciation on our part is useless, besides being unnecessary. Of course, whenever the lives and happiness of innocent, helpless children are involved we shall continue to protest with all our might and voice, whether it does any good or not, but in the case of adults why interfere with such a peculiarly beneficent form of the Fool-Killer? The battle is safe in other hands than ours.

As regards the counter-accusation instantly raised against any protest of ours, that it is a matter of income, nothing could be more absurd. It is an open secret among those of us whose practice has been in communities boasting large and wealthy "churches" of this sect, that our actual income per family from Christian Scientists is as large as, if not larger than, that from any other section of the community. Rarely indeed does any case of serious illness occur among them to which we are not called, "just to please father," or "to get rid of the continual annoyance of sister's absurd fancies." Or they frankly "backslide" as soon as well frightened, and declare their repentence and dismiss us with lofty severity—as soon as they are out of danger. We get our full toll of real illnesses, while the same gifted imagination which enables them to think out of existence one imaginary disease, is safe to create at least two others in its place.

* * *

ADMINISTRATION OF MERCURY BY AMULET.—A most ingenious and effective method for the rapid administration of mercury is suggested from the German clinics. Believing that the real method of absorption of the mercury in inunctions was by inhalation of its fumes given off at the temperature of the body, a drachm of blue ointment is, in place of being greasily smeared over the skin, placed in a little bag or pouch (Sackchen) and suspended next to the skin from the neck, amulet fashion. The systemic effects of the drug are secured with equal rapidity and the gain in comfort and cleanliness is enormous.

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If these remarkable results are sustained, it is not unlikely that this may become the leading method of administration of mercury in syphilis, as it removes the only serious objection to inunction, which for rapidity, certainty and effectiveness, has long been recognized as far superior to any form of internal administration. Conditions arising from extra-genital chancres, cerebral syphilis, and those obstinate chronic forms which seem to defy the influence of mercury by the mouth, will often melt away like snow in the sun under the use of inunctions.

An amulet which really protects has been invented at last, and it carries the name of a god inside it, too; a "*pukka*" god, as Mr. Kipling would say.

Iodoform in Pulmonary Tuberculosis.

One of the few drugs of proved value as an aid to hygienic treatment in pulmonary tuberculosis is iodoform. No other iodin compound yet brought forward as a substitute can take its place; and only iodine compounds are to be considered in this connection. Its chief value is in cases presenting signs of infiltration without softening; but even if limited softening be present in one portion of the lung, the drug is of service in combating the extension of infiltration elsewhere. After extensive softening and cavity formation have occurred its use should give way to that of the creosote group of drugs. To be beneficial in the highest degree iodoform should be given in gradually increasing doses over a long period. At first one-half a grain or less may be given thrice daily after meals, and increments of one-fourth or one-half grain be added every week or ten days, until tolerance is well established. In the course of two or three months a daily dose of 9 or 10 grains will have been reached, which may then be pushed by somewhat larger increments and a little more rapidly up to a maximum of 15 grains daily. A good way to administer the drug is in capsule, balsam of Peru (3 to 5 grains) making an excellent excipient. If necessary a digestive agent may be added or a dose of essence of pepsin may be given about an hour later. If deemed advisable arsenic iodid may be combined with the iodoform. There is no chemic incompatibility, and therapeutically the drugs are synergists. Not one who has learned how to give iodoform and who has had the courage to persist in its use for a year in each of, say six, cases of the type described, is likely thereafter to abandon it in favor of any of the transient fads of the day.—American Medicine.

Hypodermic Injections of Gelatin Solution.

Cerac (Le Mois Therapeutique, Vol. xiii, No. 2, 1902, p. 24) does not consider that the hypodermic injection of gelatin solution is a specific in the treatment of hemorrhages, but it is an excellent hemostatic agent, particularly in rebellious cases in which hemostatics are usually employed. In hemoptysis and hematemesis Cerac has obtained good results from the subcutaneous injection of gelatin solution when all other hemostatic procedures failed.—American Medicine.

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Editorial Gossip

Oregon State Medical Society

Dr. Charles J. Smith, of Pendleton, when he was elected as president of the Society last year, at a time, too, when Portland was supposed to be entitled to the position, was generally recognized to possess sterling elements of worth as a man and much more than ordinary ability as a physician, but it was not generally known that the Society was choosing as its chief executive an ideal presiding officer. Every one who attended the meeting knows now, that for a session in which several delicate subjects had to be handled, Dr. Smith was a model president.

The program was the longest in the history of the society. It would have ordinarily taxed three days to have gotten through as many papers as were read and discussed. The executive business, under less skilled hands would have consumed another full day. When the gavel for closing the meeting fell at the end of the second day, the last man on the program had closed his discussion, and every person on the published list had had an opportunity to read his paper. There was not a minute left, but the work was finished, and in the order outlined. An attempt was made to bring on the symposium on appendicitis earlier in the day, but Dr. Smith saw that if this very interesting feature could be held to its place at the very end of the program, it would help to hold the membership to the very last, and he felt that the society would reach it, and he steadfastly followed the printed plan, with the splendid results mentioned.

There is perhaps not another man in the Oregon society who could crowd four days work into two, with no undue appearance of haste, as well as Dr. Smith did those of the late session, and I feel that the next president should, when the time comes, feel satisfied if he shall be able next year to do half as well as Dr. Charles J. Smith did at the meeting just closed.

Dr. W. T. Williamson, of Salem, who was Vice-President of the society disappointed a good many of his hearers by not presenting his paper on "The Treatment of Insanity." Dr. Williamson has had an uninterrupted career as an alienist second to few men in this country and his talent in this direction is therefore given high recognition not only on this coast, but in the east. Dr. Williamson has been a member of the society for many years and a constant attendant at its sessions. He has friends without number and no enemies and is entitled to anything in a medical way along the lines of his work, which the people, the doctors and the state are able to give him.

Hon. George H. Williams, Mayor of Portland, in his speech of welcome performed more than the usual perfunctory office of such an occasion, and again demonstrated his wide knowledge upon general subjects, and especially that he knows the needs and wants of the medical profession. No one has more friends in Portland among the doctors than the "grand old man."

Dr. E. N. Hutchinson, D. V. S., of Portland, under "Milk and Meat as Factors in Infection" ably presented this topic, called attention to the important position which the medical profession holds as a conservator of public health in this regard, and pointed out the diseases against which care must be specially taken. His suggestion that the state veterinarians should be a member of and under the control of the State Board of Health was an admirable one.

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Dr. J. O. Cobb, U. S. M., H. S. threw a bomb into the camp of the Society by his paper on "The Spread of Infection," in which he stated that the contagious diseases were all primarily diseases of the respiratory apparatus. To a good many who were present this idea had never occurred, but he made his views so plain and his arguments so convincing that no one had the temerity to oppose him. Dr. Cobb has the honor of having organized the U. S. M. S. hospital at Fort Stanton, which as an object lesson has done more to demonstrate the value of the open air treatment for tuberculosis than any other single influence which has ever been exerted along this line.

Dr. C. A. Cordiner, of Astoria, who is City Physician at the port by the sea, in his paper clearly pointed out that the treatment in smallpox should be a preventitive one, and that we should be relieved from the necessity of caring for the disease at all, through the measures taken in in prophylaxis. Dr. Cordiner has done good work during the past year in that city, and his paper received close attention.

Dr. J. C. Zan, City Physician, by his paper on "The Diagnosis of Variola" demonstrated convincingly that in the present epidemic neither his patients nor opportunity to enlarge his knowledge of this important disease are being neglected. He also showed that the young men in the profession are doing good scientific work and know how to report their work and to present their views.

Dr. C. H. Wheeler, who is president of the City and County Medical Society, read a paper on "Past and Present in Diphtheria," and which came under the symposium on infectious diseases. Dr. Wheeler is a past health officer of this city and when he rises to discuss any subject relative to infectious diseases, quarantine or health laws, his statements, as in the present instance, receive marked attention. The day will come, we hope, when this veteran health officer will be at the head of a State Beard of Health, and when this day does come I will put the State Board of Health of Oregon against that of any other state in the Union. Dr. Wheeler acted as "Mine Host" and toastmaster at the banquet given by the City and County Medical Society to the Oregon State Medical Society, which was held at the Hotel Portland and was a delightful affair. Dr. Wheeler's toast selections were good and the responses apropos and showed the detailed care which he had given to the occasion, and when the banquet broke up in the small hours of the morning every one present felt kindlier to his neighbor and full of gratitude to the profession and to Dr. Wheeler, the President of the City and County Medical Society for his part in this affair.

Major Ebert, U. S. A., of Vancouver again placed the medical profession of this region under many obligations to him by the narration of his "Experiences in Military Camps in the Philippines and in Cape Nome, Alaska," and included some of his other medical experiences in

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military service elsewhere. Major Ebert is an old Oregonian and counts his personal friends in Oregon and the Northwest by the hundreds. Although he is held by the military service and by the government in the very highest regard, this has not given him a supersensitive appreciation of his own personal importance, which we are sorry to say some medical officers are apt to acquire.

Dr. A. E. Mackay, who opened the symposium on typhoid fever, presented the claims of bacteriology under the title of "Modern Methods of Diagnosis" as the necessary handmaiden of medicine for the scientific discernment of developed conditions, and incidentally demonstrated his own splendid qualifications along the lines which he had discussed.

Dr. Mackay is nothing if not scientific, and he has a way of presenting the rather uninteresting phases of medicine as found in its ultra scientific side, so that they are readily and easily understood by even an early student of the science. His present production was quite in such a line.

Dr. Holt C. Wilson, of Portland, in his description of the general treatment of typhoid fever, dwelt particularly on the inefficacy of much of the so-called medicinal treatment of this disease. Dr. Wilson has enjoyed one of the best and most satisfactory practices in Portland, continuing since the mind of man runneth not back to the contrary. He, although a young man, having been in practice before most of the leading men who are with us now took up the work, and the large general practice which he holds without an effort, demonstrates the sterling personal and medical qualities of the man.

In the early days of Portland, and before Bull Run supplied this city with its sparkling water supply, typhoid was quite prevalent, and therefore what Dr. Wilson said about this subject was not a book abstract, but, like whatever "Dr. Holt C." has to offer, was a representation of his own pointed experience and was accentuated by his positive personality.

Dr. J. F. Dickson, of Portland, the eye and ear specialist, was Chairman of the Executive Committee of this meeting, and the fullness of the program, the wide range of subjects which it covered, the general distribution of authors throughout the state and local region, manifested a degree of good judgment, which we knew all the while Dr. Dickson possessed. With none but westerners on guard, Dr. Dickson has demonstrated what a splendid result may be attained by proper use of the talent in the home field.

Dr. Dickson has just left us for a European trip. He has been working very closely in his office for eleven years, and has justly earned a vacation, although he will continue to do much medical work while abroad. He has been fortunate in being able to leave in charge of his work Dr. Coughlan, who has been associated with him in his work for a year now, and who will look after the work during his absence.

Dr. Herbert Cardwell presented one of the most vivacious and attractive

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papers on the program, in his description of service in the Philipp'nes. Dr. Cardwell strongly arraigns the methods employed by those in charge of the California Barracks where the troops are quartered until they were ready to be shipped, and clearly demonstrated that the typhoid fever which attacked our troops in Manila was not due to the fact that Americans were coming into a new climate, not acclimated, but that the typhoid fever was taken to the islands by our troops and distributed, not only in our ranks, but among the natives also. It is worthy to note this iact which is quite in contrast with the views of many that we are only the recipients of disease through contact with the Orient.

Dr. A. C. Panton, of Portland, on "The Surgical Complications of Typhoid Fever" discussed many features of this phase of the subject and pointed out the value of surgical treatment in intestinal perforation, relating a case or two of his own where health had been restored by operative interference. Dr. Panton enjoys the distinction of being one of the few men in the United States who has given to this subject a close, careful study, and he has secured some flattering results in such cases.

Dr. Harry Lane, of Portland, an ex-president of this society and of the City and County Medical Society and an all around favorite with doctors everywhere had an opportunity in his paper on the "The Out-door Treatment of Tuberculosis," to present his views upon a subject to which he has given much attention for some years, and he not only clearly demonstrated the value of his special method of out-door plan of treatment, living in the tepee tent, but also the study which he has given to the subject of the great "White Plague" which claims more victims yearly than any other disease in the world.

Dr. E. P. Hershey, of Denver, Colorado, was an honored guest of the society, the genial Kenneth A. J. having prevailed upon him to remain over to the meeting. Dr. Hershey's paper upon "The General Treatment of Pulmonary Tuberculosis," will be read with interest in this issue. What Dr. Hershey says may be accepted as facts, for he has had large experience with the disease he discussed, enjoying one of if not quite the largest general practice in the state of Colorado.

Dr. O. S. Bingswanger, of Portland, in his paper on "Diabetes, Etiology and Treatment," raised considerable discussion, as he always does by the pungency of his way of stating facts, for if any man likes to get up a discussion and to take a good natured part therein, that man is Professor Binswanger. When Binswanger has figured out a scheme, therapeutical or otherwise, the rest of the Portland doctors might as well throw up their hands, rather than to try to bring any argument which can disprove it.

Professor Binswanger is the greatest authority on chemistry in this region. The paper discussed the matter of treatment from the standpoint of its cause, and this gave his auditors an opportunity, by refreshing the memories of some, and filling the minds of others, to gaze upon some of the more intricate chemical changes which this body of ours, normally and sometimes pathologically, carries out.

Dr. J. S. Kloeber, of Hot Springs, who had formerly planned to give the society a paper on "Tertiary Syphilis"

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discussed at length Acute Rheumatism with Complications and Treatment. One of the features of his paper which attracted much attention was his claim that heart troubles in connection with rheumatism are not sequelae of this condition, but are the symptoms of rheumatism itself. However, the doctor softened the significance of this rather gloomy statement, by saying that when properly and early treated he believed that nearly all this heart trouble could be relieved before permanent organic structural changes had ensued. Dr. Kloeber treats a large number of these cases at his splendid resort, Green River Hot Springs, Wash.

Dr. J. Allen Gilbert of Portland, again demonstrated to his hearers the fact that he has a cerebral organism of the finest fibre and a mind well trained along the deepest scientific and psychological lines. His paper on sanity was logic itself. The fact which Dr. Gilbert dwelt upon throughout his paper, that consistency was the foundation attribute of sanity, was proven by him beyond the power of contradiction.

Dr. Wm. House, of Pendleton, under the title of his paper, "The Treatment and Pathology of Major Epilepsy;" demonstrated that in this new comer to our state the profession especially along pathological, neurological, and psychological lines, has had a valuable addition to its ranks. Dr. House has had large experience in the east and has been closely associated with some of the leading neurologists of this country. He has a pleasant manner and the society was glad to give his paper marked attention.

Dr. S. E. Josephi, of Portland, who opened the discussion upon the "Psychiatric section" was listened to closely and the clear description of his own views upon the topics under discussion was such as to cause regret that he did not take more time to extend his talk upon this symposium. Dr. Josephi has been connected with medical matters in this state, in a prominent way for many years, and although the society failed to agree with him regarding certain plans of procedure the doctor accepted the disposition of the society not only with grace, but helped to formulate methods by which the newer arrangements could be brought into a more orderly condition.

Dr. Andrew Smith had again the opportunity of demonstrating his ability both to present a paper and to talk extempore upon topics at the meeting, and make a success in both instances. The symposium on appendicitis being the last thing on the program and time being short President Smith accepted the suggestion that this topic should be handled in five minutes talks, and Andrew C. went through his speech like a whirlwind. His talk was logical, vigorous and to the point. His paper on "The Surgical Treatment of Goitre" was one of the events of the

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meeting and the demonstration of his results by patients upon whom he had recently operated, the satisfaction which these patients expressed at having been relieved of immense goitrous tumors, together with the scientific character of his paper, marked the man for what he is, a master along surgical lines. Although Dr. Smith did not take a very manifest part in the discussions touching the new constitution and the other executive matters of the meeting, it was obvious that his fine Italian hand had not been altogether quiet.

"Was Harry Tracey Insane," was a topic which received kinder consideation from my hearers than I had expected it would. On account of numerous requests for its publication I have promised that it shall appear in a succeeding number of the Medical Sentinel.

Dr. Kenneth A. J. MacKenzie in his paper upon "Studies on Empyema with a Proposed New Operation," brought forward a very simple method of doing away with the usual destructive procedures now in general vogue in the surgical treatment of empyema; so simple that it seems strange that the procedure had not long ago been adopted by surgeons generally. In D. Mackenzie's large surgical practice, there are doubtless dozens of other methods of improved technique which, if he would take the time to consider the same, might with much value to the profession be reported and then adopted by the whole surgical craft. Many a surgeon, if he would think over his work, could doubtless note that he has devised numerous improvements in detail, which have helped him alone in his road to success, but these things have often seemed so simple that they have not been given due credit as elements in his own success, and hence not been considered worthy of report. Dr. Mackenzie's part in the intra-sessional entertainment of our guests was no small part in making pleasant the stay of the outside guests.

Dr. E. DeWitt Connell had one of the most striking subjects of the session, and his description of "Paraffin and Vaseline Injection in the correction of Deformities," enlisted as much or more discussion than any other paper of the session. Dr. Connell has, on general principles, a dainty way of doing things, and the fact that he has given this subject attention and made a success of correcting facial deformities by this new method, is quite what would be expected by those who know the brilliant and handsome doctor.

Dr. Woods Hutchinson, of Portland, because his work is confined to the consultation and internal medicine side of practice fittingly opened the symposium upon appendicitis under the title of "Medical Aspects." Doubtless it was thought that there was no medical side to the subject, but being assigned to the topic, Dr. Hutchinson proceeded to construct one; one with which some of the surgeons present took issue, declaring that the disease was a purely surgical one. Dr. Hutchinson gained his hearers to his side when he closed, in his contention that awaiting the surgeon's management and skill in the general practitioner's hands, and relative to such an important stage in the history of the affection had he discussed it.

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Dr. J. A. Fulton, of Astoria, who has been the leading surgeon of the lower Columbia since John Jacob Astor's time, took an active part in the discussions of the Association, and his paper on "The Pronosis of Appendicitis," so far as the five minute limit permitted him to outline it, was one of the interesting features of the session, and we hope to present our readers with the paper in full in a future issue. After considerable discussion upon the symposium on appendicitis, Dr. Fulton was called upon to more fully elucidate some of his own views, and he jocularly stated to the society that if time had been allowed him to read his paper in full, he would have settled all mooted questions. While this was said as a joke I believe that the subject would have been greatly amplified if the paper had been read in full, and we hope to do our part in this direction by publishing it.

Dr. J. A. Geisendorffer, of The Dalles, under the new constitution will feel himself very much endorsed, for he has for years been saying that the rural element of the State Medical Society should have more to say about its management than it has in the past. Under the Board of Delegates that will take charge of the society a year hence, the section outside of Portland will have a controlling voice in the affairs of the society, although it is safe to say that this control will not, under Dr. Geisendorffer's advice be anything but the fairest towards every legitimate medical interest in the state. Dr. Geisendorffer was elected Second Vice President.

Dr. Andrew J. Giesy was Chairman of the Reception Committee, and had a paper on "Surgical Complications of Appendicitis," which in the rush of the occasion was read by title, and which we expect to be able to present to our readers in a coming issue. The rich store of clinical material which for twenty years in Portland has been available in the large practice of Dr. Giesy in abdominal surgery, eminently fitted him to discuss this phase of the symposium, and it was with much regret to the doctors present that he happened to be out of the assembly hall at the time his paper was called.

Dr. Giesy is a man pre-eminently popular with the whole medical craft. He has a warm place in his heart for the medical student. His friends are more his friends as years go by. He has taken an interest in the matter of reorganization of the society affairs, which promises well for the outcome. What he does is well done.

Dr. J. P. Tamiesie, a suave gentleman, to the manner born, and who possesses the qualifications of a splendid physician and a man of excellent business ability and, who was elected Third Vice President of the society, addressed the meeting upon two or three topics in a manner which carried conviction to his hearers. Dr. Tamiesie, after an effort to enlist his own community in a manufacturing plant lately, finding there was some difficulty in securing financial co-operation of some of his rich neighbors regarding the establishment of a condensed milk factory, something of interest to the profession of Oregon, decided that upon his own splendid dairy farm he would carry out this project himself. He is

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already demonstrating the wisdom of his judgment in manufacturing a product which should not only be of value to himself and his community as a business venture, but will be a source of much satisfaction to the profession of this country, for the doctors of this region will know that a product which he will make, will be like Dr. Tamiesie himself, of reliability and strictest integrity.

Dr. Geo. E. Houck, of Roseburg, gave a splendid exhibition on the "Detail of X-Ray Demonstration" in one of the hospitals during the second evening. I remember Dr. Houck's presentation of a similar subject a year ago, and I was glad to know that rural surroundings do not prevent him from attaining splendid results in this modern method of diagnosis.

Dr. Houck's work is first class. It cannot be exceeded anywhere. It includes not only shadowgraphy, but photography, and Oregon and this portion of the medical world need not feel abashed in claiming that it has as good as the best when it comes to X-ray work in the hands of Dr. Houck.

Dr. G. F. Wilson, of Portland, was to have had two papers. One was on "A New Method of Treating Pott's Fracture," a method which has been highly indorsed by medical men who know of this new technique for this very distressing disease. The other was a paper on "Surgical Technique" in the symposium on Appendicitis. The former paper was, however, read by title, and the latter handled in a rapid five minute talk. Dr. Wilson's early training and experience in military life in days gone by gave him habits which have never left him in the practice of medicine. He has that peculiar military method touching details, by which little things are not overlooked and the major things are given their proper place, which largely accounts for the good success which has followed his surgical practice. He is an easy talker and his remarks received close atention.

Dr. R. C. Coffey did two things in the convention which manifested the character of the man. First, in another demonstration of original work in the new operation for the suspension of the stomach, and second, in the bulldog persistency with which he maintained his position regarding certain changes which he deemed advisable in the constitution of the State Medical Society. Dr. Coffey is making a success of his work here in Portland. He is, however, working too hard and should put on a brake or the active career into which he has been launched my come too quickly to an end. No man can work day and night and for ever.

Dr. F. W. Van Dyke, of Grants Pass is one of the characters of Oregon medicine. He is always reminded of a story and the story is not too long. He is an easy talker and is quite a musician. The doctor made the remark during the meeting, that medicine draws men together, but that music makes warmer friendship, if possible, even than medicine. The doctor is a living example, as he stated to the Society, of the virtues which the Oregon climate has for the relief of one suffering from tuberculosis coming from the east. He is as hale and hearty a specimen of healthy humanity as one could find anywhere. Dr. Van Dyke was elected First Vice President of the Society.

There were several other papers read by title by members who were present which, judging from the well-known reputation of most of the writers, would have interested the society if they had heard such papers in full.

Dr. Wm. Jones. had a paper thus passed upon "Observations on Perineal Prostatectomy;" and I heard sev-

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eral express regret that the paper was not heard.

Dr. R. L. Gillespie's paper upon "Congenital Mental Degeneration" would have opened up a great field for discussion.

Dr. W. J. May, President of the Eastern Oregon Medical Society, had a paper on the "Surgical Treatment of Gall Stones," which not only Dr. M. E. Ellis, of Albany, who was ready to discuss it, but others were disappointed in not being able to praise or dissect it as it might seem to each proper.

Dr. W. H. Skene plagued some of his friends by passing his paper, "Early Diagnosis of Cancer of the Uterus," by title. The very name of "Skene" should signify gynecological efficiency with ability to write, and the loss of the paper was doubtless no small one.

The Treatment of Sciatica.

Vernon A. Chapman (Canadian Journal of Medicine and Surgery) states that if nerve-stretching were more often chosen as the first rather than as the last resort, the other numerous remedies would not need to be so frequently employed. The writer gives full directions for the proper manipulations, according to the seat of the pain. The degree of the force to be used must be determined by the existing conditions in each case, and must be regulated by the common sense of the operator. In severe cases the pain aroused by the manipulations is so severe that general anaesthesia must be employed for the first few treatments. In mild cases the patient himself can employ this method of nerve-stretching to a certain point. Let him stand with feet together and legs straight; then let him bend himself forward at the hips, keeping the legs straight, and touch the toes with the tips of the fingers of both hands simultaneously; or let him sit upon a firm flat surface with legs extended before him; then, by bending forward, keeping the knees unbent, grasp a foot by each hand, and firmly flex it upon the leg. This procedure will be found quite difficult at first, but can easily be performed in a short time by perseverance, and if thus practiced by the sciatica victim, will ward off any attacks of his enemy.

Causes and Treatment of Hiccough.

Smith (The Clinique) discusses the causes of hiccough under three heads: (1) Those due to direct irritation of the phrenic nerve, as occurs in the case of mediastinal tumors, aneurisms of the arch, pneumonic or pleuritic inflammation, pressure from pleuritic effusion, etc.; (2) those of a reflex nature, as in diseases of the urinary organs, the uterus and the intestinal tract, and the liver, and the irritation of the biliary or renal calculi, irritation of the pharynx, esophagus or stomach, and diseases of the peritoneum; (3) those of central origin, as occurs in hysteria, local, brain, or spinal diseases, blood poisoning (as in the fevers, cholera, dysentery, etc.,) after emotional excitement, and from the general anemia of nerve centers after hemorrhage. In the majority of cases, however, the doctor found the condition to depend upon gastric irritation, usually due to the indigestion of acid fruits and drinks and the formation of gas. Various remedies are suggested, with or without alkaline drinks, peppermint water or brandy. Some cases are relieved by hot drinks, others by cold. Strychnin and nitrate of amyl are also useful.

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ORIGINAL ARTICLES

THE GENERAL TREATMENT OF PULMONARY TUBERCULOSIS

By E. P, HERSHEY, C.E., M.D.
Denver, Colorado

Read before the Oregon State Medical Society, Portland, September 10, 1902

In presenting a paper before this honorable body, upon a subject on which in the past writers have so varied in their opinions, the writer feels as though the subject is one upon which no little thought and definiteness in ideas are required.

To enumerate the many methods of treatment suggested in the past would, in itself, make a volume of no mean proportions, and might be well entitled, "What we have used and laid aside;" or, "A story without an end," and we feel as though the very fact that we have such varied and numerous treatments for pulmonary tuberculosis is evidence that the disease has been, and still is, master of the situation.

But there is another way of looking at this subject, without admitting our incompetency in battling with the disease; that is, its varied character, together with the individual characteristics of the patients. To lay down any method of treatment, therefore, applicable to all cases would be anything but practical.

First, and most important of all, is prophylaxis. Until the profession and the laity learn that tuberculosis is a communicable disease we must look for its steady increase. The consumptive who expectorates upon the walks, where traffic is large, is little more to blame than the woman who collects the contagious dry sputum by allowing her long skirts to trail over it, and thus convey the contagion to her own home and the homes of others. Hotels and boarding-houses will put new-comers into a room previously occupied by a consumptive for weeks or months, without the first consideration of fumigation, whereas had a case of measles or mumps previously occupied the room, they would look with horror upon any negligence in disinfection. But what a world of material could be written upon this subject. Suffice it to say, that measures too stringent cannot be maintained against this disease, the ravages of which among human beings is second to no other affection.

A comprehensive idea as to the true character of the disease is the key-note to its treatment. When we consider that pulmonary tuberculosis is an infected lesion, the lesion being essentially *a priori*, we may, with much benefit to our-

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selves, study the vast strides surgeons have made through their close adherence to asepsis in the early lesion and antiseptics in the infected one. Where there is a lesion in the lung, whether it be a simple inflammatory condition of the glands of the bronchi, a thickening of the bronchial tubes, a lesion of the pleura, or a pneumonitis, particularly in those cases where there is hereditary predisposition to consumption, asepsis is preeminently the governing feature of the treatment until such lesion has disappeared; every effort should be maintained to prevent the patient from an exposure to the tubercle bacillus. If in such cases bacterial examination of the sputum should reveal the presence of tubercle bacilli then antiseptics should be used. Here is where we stand upon ground oft trodden. Which of the many antiseptics are we to use? The open air treatment is certainly the most economical and convenient. Fresh air is certainly antiseptic, particularly when the sun shines, but where such cannot be conveniently had, there is one method which, in the writer's experience, stands second to no other. This lies essentially in the preparation of the patient's apartments. By the judicious carrying out of the plan to be suggested we can prevent the patient from living in his sleeping apartments. When the patient is about to leave his room the windows are tightly closed and the room is thoroughly saturated with formalin, this either by the development of the gas by means of a formalin lamp, or by means of formaldehyde. Several hours before retiring all windows should be thrown open and the room thoroughly aired, and when the patient retires, the little formalin that remains is inhaled without irritation to the larynx, and acts as an antiseptic. The writer mentions formalin since there is no question that this is an agent most destructive to the bacillus of tuberculosis. Indeed so powerful an antiseptic is it that a 1:20,000 solution is destructive to germ life, a 1:2,000 solution may be injected into a vein, using as much as 50 c.c. at a time. Sir Robert McGuire has reported over one hundred cases materially benefitted by this method of treatment. The twelve cases in which the writer has used it, all have been more or less benefitted, but the difficulty of its administration, together with the inconvenience to the patient associated with local irritation, makes it a method of treatment not eagerly sought by the better class of patients. That it is worthy of the most careful investigation is evidenced by the fact that formalin is unquestionably eliminated by the lung tissue.

There is another method of treatments suggested first by Albert Abrams, of California. It is the daily exposure of the chest to the direct rays of the sun for from one to two hours. It has been shown that certain healing rays from the sun can penetrate the chest. The writer has never used this method of treatment without marked benefit. It is a far better counter-irritant than croton oil or iodine, and offers us the possibility of a healing power in certain actinic rays of the sun with which we are not yet familiar.

Electrolysis might yet prove of benefit, but it seems as though the electric current chooses the outer channel rather than the direct. It may be for this reason that little or no result has been obtained by this method of treatment.

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Whether the Roentgen rays have been of benefit still remains a question, as they have not yet had a trial sufficient to mark them as a valuable remedy. It is true reports are coming in extolling this agent in the treatment of pulmonary tuberculosis, but we all know the eagerness with which a patient seizes upon the hope of being benefitted by a new process, and the readiness with which he furnishes a favorable report.

Intra-pleural inflation, by means of nitrogen gas, has at the present time but few advocates, and we believe that Murphy uses it at the present time in only selected cases. That it is a most valuable method of treatment for pulmonary hemorrhage stands without question; but strapping the chest in urgent cases has nearly or quite the same mechanical effect, and is quite as efficient as this most difficult method of procedure.

The open-air treatment of consumption has for its greatest recommendation the prevention of reinfection, but it is most ludicrous to watch the method some patients have of applying it. For a time tent life was all the rage, usually an A tent with the sides down, banked with earth and the flaps of the tent closed. Did you ever enter one of these tents early in the morning, after some one had slept in it all night? Of all the foul air, you never met with fouler. A long broad piece of canvas, six to ten feet above the patient's bed or cot, that will allow of free circulation of air, is the only rational method in carrying out this form of treatment.

One of the most important methods of treatment is thorough change of climate. Climatology today has become a most important study. But here individuality assumes a most important role. Colorado, New Mexico, Southwestern Texas, Southern California, Arizona, the mountains of North Carolina, Aiken, South Carolina and Northeastern New York, among the Adirondack mountains, are the most important places in the United States. There is no doubt but that each of these places has its advocates, and, too, there is no doubt but that patients are sent to each most indiscriminately. That they all have merit is without question. But it would ill become the writer to comment too strongly upon the merit of any resort other than Colorado, except to mention those places he has discovered to be adaptable to those patients who should not reside at a high altitude.

In considering a place to which to send a patient affected with tuberculosis, climate alone should not be the most important factor in the problem. Hordes of patients sent to Colorado would be far better off at their homes. It must be conceded that the most important object is to better the patient's surroundings. Good food and tranquility of mind are essential to the patient's recovery. Pure air is unquestionably good for the lungs, but it is not a good diet. It is a serious question sending a patient from his home to live in a new land, particularly after he has been so run down in health as to become more or less dependent upon others. The saddest tragedies of life occur in just such cases. Think of a patient, as a last resort, the only lingering hope left him, leaving what little comforts he has at home to become stranded among strangers, perhaps only to be told that the place was not suitable to his condition, or perhaps to fall into the

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hands of some unprincipled practitioner who encourages him to remain, holding him until he has no means left, and is compelled to become dependent upon charity.

It is for this reason the writer wishes to call attention to the character of the cases which should *not* be sent to Colorado.

In going to any high altitude a consumptive should be warned to take almost absolute rest for at least a week, at the end of which time he will be sufficiently acclimated to take a reasonable amount of exercise. If at the end of thirty days there is no perceptible improvement in his condition, the chances are there will be no improvement in the future. If the patient has a weak, rapid pulse, usually in these cases due to cardiac dilatation, high altitude is contraindicated.

Cases complicated with empyema are never to be sent to a high altitude, the same may be said of cases of emphysema, no matter how small a degree of this complication may be present.

Frequently occurring hemorrhage, and indeed all hemorrhages associated with cavities, should not be sent to Colorado; even light hemorrhage cases should be carefully studied, and if sent should be warned not to exercise until they become thoroughly acclimated. The writer does not wish to leave the impression that Colorado is no place for a patient who has had a hemorrhage. On the contrary, hundreds of people now living there, in perfect health, give histories of early hemorrhages. It is the purpose of the writer to warn physicians that such cases should be under the constant watchful care of a physician. Indeed, it has been the writer's experience that light attacks of hemorrhage predispose a patient to further invasion of lung tissue, in the place where the disease originated, but in Colorado they are the cases most promising for future recovery.

But few febrile cases improve, although if they appear in Colorado and can be confined in a large, airy room, there is no reason why they should not be treated with more benefit than at the place from which they came, with the advantage, after the control of the febrile symptoms, of being in a place conducive to their future improvement. It might be well at this point to mention that with such patients, particularly where the febrile symptoms are due to mixed infection, as most of such are apt to be, decided results have been obtained through the use of anti-streptococcic serum. This is worthy of trial, particularly the serum manufactured by Mulford of Philadelphia. As for the anti-tubercular serum, it may be mentioned that few physicians use it, and none of the better class. *"Phthisis florida"* has the same fatal ending everywhere.

Cases of advanced tubercular laryngitis do not do well in Colorado; early cases under treatment by a specialist often make a complete recovery. Arizona seems to hold the lead in benefitting such cases.

When Guadalajara, Mexico, becomes a place where patients can be surrounded with greater comforts, it will unquestionably become the great winter resort for consumptives. Even in its present primitive state it is astonishing the benefit some of the writer's patients have received from a winter's sojourn there.

Patients with care may remain in Colorado during the months of

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February, March and April, but they fare better during these months in New Mexico, Arizona, Guadalajara, or even in El Paso, Texas.

That pulmonary tuberculosis has a tendency of itself to recover, has long since passed beyond question. Each acute exacerbation of the disease predisposes to further involvement. Indeed, the whole course of pulmonary tuberculosis is one of periodical improvement, each improvement, however, followed by symptoms graver than the previous ones. It is within these periods of renewed strength and vigor that climate does its wonderful work. There is no healing agency in any climate. Just as has been hinted at in hemorrhage cases, so it is in all forms of the disease. The patient living in an atmosphere of low humidity, the air in its purity invigorating his whole system by perfectly oxidizing the blood prevents further invasion of the disease, and tells the story of the *modus operandi* of climate in the cure of consumption.

When we consider the internal administration of medicines, we are treading upon uncertain grounds, but there is a never failing rule that should guide us here. Just the moment we feel that any of the remedies have a tendency to disorder the stomach they should be discontinued. We have no better method of reaching a tubercular condition than we have through a perfect digestive system. The writer has seen the most dire results follow the long continued use of large doses of creosote and guaiacol. The essential oils, too, may be classed among the remedies that should require the most careful guidance in their administration.

What shall we advise in this line. We must give something. Then let it be creosote, administered in pure cream, but not the doses usually recommended. Never let the dose go above ten minims. When the stomach is thrown out of order by this remedy, it goes all at once, and we have nothing to fall back upon. Tonics always, and there is nothing so good as the Tr. Gentian in a good sherry wine before meals, and some of the most assimilable phosphates after meals; or, if the stomach is in good condition and the appetite good, Hypotone, a preparation of the hypophosphites, is most excellent. For the night sweats of phthisis agaricin in one-quarter grain doses three times a day seems the most efficient remedy.

For the cough of phthisis, heroin, given in doses varying from one-twelfth to one-quarter grain, two or three times in the twenty-four hours, has no rival. Terpin hydrate combined with this seems to add to the remedyial effect.

After all that has been said upon the treatment of pulmonary tuberculosis, the most important factor is to consider the case entirely upon the symptoms as they present themselves. If the patient is doing well, especially in a favorable climate, it takes a good, stout-hearted, honest physician to let him alone, and yet this is unquestionably the thing to do. It is a simple matter to carry this out, if we have only the patient to deal with, but Heaven preserve them from the enthusiasm of their friends. Lucky, indeed, is the consumptive that comes to Colorado and escapes the varied assortments of hypodermic medication, or who meets with a conscientious physician who will advise him to leave there in case the altitude is not suitable to his condition.

There are two misleading factors

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in the medical treatment of pulmonary tuberculosis: First, the natural tendency toward temporary improvement in all cases. Second, the readiness with which the patient will declare a condition of improvement even to within a few hours of death. It is a very simple matter for the physician to give too much credit to the drugs he is administering. Prevention of infection, disinfection, and symptomatic treatment, are the three guiding stars in the treatment of pulmonary tuberculosis.

Therapeutic Uses of the Organic Extracts.

O. T. Osborne (Medical News, July 12, 1902) says that if there are cerebral excitement, palpitation, and progressive loss of weight, thyroid treatment is contraindicated; if the patient is sleepy, apathetic, with but little palpitation, has no headache, and is putting on weight, thyroid treatment will probably benefit the case. This drug is of value in amenorrhoea or scanty menstruation, as it produces a tendency to hemorrhages. Thyroid has been used by some clinicians in carcinoma of the uterus as well as carcinoma elsewhere. Osborne has not seen any benefit from its use. The author is inclined to think that it would be wise always to try thyroid treatment in the insanity of the menopause and in puerperal insanity, as there is probably a disturbance of the thyroid at these times. The writer knows of no established therapeutic use of the pituitary substance except in acromegaly. The toxic headache of acromegaly is always relieved by pituitary tablets. The exhibition of pituitary extract is a logical treatment for dwarfs. He has good success in giving the thymus gland in cases of Graves' disease in which feeding of the thyroid gland aggravates all the symptoms. It is also beneficial in the treatment of tuberculosis. Adrenal'n should be used in all cases of low vasomotor tension, typically in Addison's disease, and in the anaemias. It should be used with care in persons over fifty years of age. There is much discussion at present about the ovary, but little is known of the internal secretion of this gland. Until careful chemical investigations may reveal some isolated principle, the therapeutic efficiency of mammary extract will remain unsatisfactory.—Charlotte Med. Journal.

To Remove Dandruff.

According to Merck's Report, the remedies which have been found to be most serviceable in the treatment of dandruff are resorcin, tannoform, salicylate acid and boric acid. The following mixture is suggested as being the most efficacious:

℞ Resorcin, ʒ i.
Tannoform, ʒ i.
Acidi salicylate, gr. v.

M. Dissolve the powder in three ounces of alcohol and one ounce of water and filter. Sig.: Apply locally to the scalp.

Or:

℞ Resorcin, ʒ i.
Acid borici., ʒ ss.
Aquae, ℥ v.

M. Sig.: Apply locally to the scalp.

The foregoing ingredients may be incorporated with an ointment if desired, such as aquae unguentum rose (cold cream), adeps lanae hydrosus, petrolatum, etc.

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OPEN AIR TREATMENT OF TUBERCULOSIS, ESPECIALLY BY THE TEPEE METHOD

By HARRY LANE, M.D.
Portland, Oregon

Read before Oregon State Medical Society, Portland, September 10, 1902

I wish to state at the beginning that the title of my paper is to a certain extent misleading, in-so-far as I do not intend to confine myself to it strictly, in what I have to say.

It should more properly have been called "The Means of Prevention of Pulmonary Tuberculosis and its Treatment by Outdoor Methods, with Certain Factors in its Consideration for Which I Wish to Make an Especial Plea." I have a strongly grounded opinion that if man were wise there would be no such disease as pulmonary tuberculosis, and that there is within himself absolutely no rational or valid reason for its existence. In this view I do not think that I idealize in any way, but that, upon the other hand, the argument would lead to very practical and simple conclusion, based upon an experience dating back long before the dawn of any written history of mankind, and of less value as an object lesson since man began to record the history of events. I do not mean to intimate that the trade has been "a sorry one," or that mankind has not been the gainer. for that matter, in the general terms of the bargain in the past. Yet, looked upon in the light of the present, the interest seems heavy, and the debt begins to crowd.

Civilization, or at least the stage of it with which we are acquainted, has brought in its train many of the evils of the past, without the remedy which should accompany them. Among these evils one of the most potent for harm is the present method in which we house ourselves. The science of ventilation is in its infancy, and is but little understood as yet, even by the architects who design the dwellings of modern man. The Indian was far ahead of us so far as ventilation was concerned. The subjects of proper lighting and heating are as little understood. Our public school system, of which we hear so much boasted by some, with its plan of grade work, which levels down to an even plane all sorts of mental capacities to one single calibre of thought, is a thing which calls for grave consideration. Upon the whole, however, we have gained, and I do not wish to be understood as maintaining a stand of pessimism, for "out of the mistakes of the past will grow the larger lights of the future," and the ultimate condition of man will so far surpass his present condition, as does the present state the former one of savagery from which he has emerged. The evils which accrue from improperly constructed and ventilated dwellings are pretty well

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understood by physicians in general, but the remedy has as yet not been applied, perhaps is not possible to apply.

This, however, is due to no fault of ourselves as physicians, the physician as a rule is far in advance of other members of the community in his knowledge of such matters, and freely imparts his information to his neighbors.

In dealing, however, with the disease in question we have our responsibilities, and our duty begins long before we usually exercise it. It begins, in fact, at the birth of the child, and would necessitate a long discourse upon infant feeding and physical training, and "is another story." I shall not enter upon that at this time. Taking the child as it grows older our duty to it, I think, becomes an imperative one. The disturbed conditions of general nutrition and physical development, which go to make up a suitable soil for the disease in later years, are easily recognized in the growing child, and should be carefully looked into and the remedies applied, and by remedies I do not mean drugs solely.

Children, with their rapidly growing tissues, are plastic material in our hands, and, with but a little care and labor upon our part, may be molded to pretty nearly any physical type of an adult which we may care to make of it. This, of course, applies only to the average child, with parents of average health. It is little short of astonishing what results may be had in the way of lung expansion and muscular chest development by the use of manually applied, forced expiration, combined with deep kneading of the muscles overlying the chest, applied for but a few moments every second or third day and continued for a period of a few weeks. This line of treatment, combined with proper physical exercise, and instructions on proper methods of breathing and a reasonable amount of outdoor life, would safely place the majority of children past the ordinary danger point from this disease.

Examinations should be made at all public and private schools, and children defective in this respect should be taken away from the merciless grind of their studies and put through a course of rational physical culture, until their condition fitted them for a renewal of their school duties. I consider this as the most important duty which society owes to the rising generation. Every child, which comes under the physicians professional eye should be stripped and carefully looked over, with a view to building and balancing up its defective parts until it reaches a standard of physique compatible with good general health, and a lung and heart development which will insure it a fighting chance with the infecting cause of this disease. The task is not a hard one. Any physician can read the face of the ill-nourished child, and a glance at the bare chest will suggest the lack of development which needs attention. The actual manual treatment can be applied at home by members of the family, and will be gladly done by the mothers after one or two lessons of instruction from the family physician. The children who most need the line of treatment here outlined are the ones who will not voluntarily take the necessary outdoor stimulus of exercise of their own volition. They are not the roystering, healthy rowdies of child-life, but are the more quiet,

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studious and sedentary of our children.

Before any method especially directed to the treatment of pulmonary tuberculosis can be intelligently taken under consideration, it seems to me to be of some importance to take a cursory view of some phases of the etiology of the disease which are generally too lightly considered. We all have a vague idea of the bacillus of Koch as being a certain small and rather mysterious organism with rounded extremities which it is our duty to combat individually. If we but look at the larger life of similar organisms which exist about us, we would soon come to a better understanding of its life history and would set the mystery aside. The bacillus of tuberculosis is first, last and all the time a member of that intermediary form of life known as fungi. The fungi are a peculiarly constituted group of organisms which occupy a zone of existence lying between the animal and vegetable world. Differing from the ordinary vegetable life, and simulating that of warm-blooded animals, they absorb oxygen and give off carbon dioxide unlike vegetative life, also; they do not secrete chlorophyl. They require heat and moisture, but not sunlight, to promote their growth. There must be a nice adjustment of condition and a delicate equilibrium established between themselves and their host before they will honor it as guests. They are, in fact, exceedingly nice in their choice of habitat and of independent bent, and will only live in a soil which remains undisturbed. They require certain pretty nearly exact conditions of temperature and moisture.

Taking the human body under consideration, we find this bacilliary fungus electing a certain portion of its anatomy for its habitat.

The portion of the human body which in the earlier stages of the disease we find most often affected is a point not far below the apices of the lungs. Seemingly at this point the bacillus finds the nice adjustment which it requires. Now the why and the wherefore of this state of affairs has ever been to me a question of interest. That there is a connection between the fact that in the upper portion of the lungs we find an area of unused, unaerated lung tissues, in a great majority of people whose chests we examine, and that adjust this point, we also, in the majority of cases, find the beginning of this disease, cannot help attracting our attention. Whether these dead air spaces, these areas of uninflated lung tissue, these alectatic zones are due to faulty inspiration, as claimed by some, or to faulty expiration, as claimed by others, or to the fact that, in the evolution of things, we have too hastily assumed an upright position, and that the lungs have as yet not adapted themselves to their newly acquired relation to the other organs of the chest and abdominal cavities and the work in general, I shall leave for others to explain.

The fact remains that such conditions do exist, and that they exist at great peril to ourselves, as well as our patients, and it becomes our duty to plan by which the adjustment between host and parasite may be disturbed. I believe that it is pretty generally conceded that the economy of the human body contains within itself the elements and specialized function of cells sufficient to meet a reasonable amount of infection and bring itself out whole. Were it otherwise,

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the tale of fate would be a short one.

In a state of savagery such as that in which the American Indian lived before the advent of the white man, with his Indian schools and reservations, the disease was unknown. Hedged within circumscribed limits, the Indian was found to be an easy prey to the disease. Not for the reason that he was physically a bad type of man. Yet from his personal habits of uncleanliness and improvidence he set at naught all the preparatory care that an outdoor life had granted him. The Indian today, if freed from the reserve and the fostering care of the schools, and allowed to roam the forest and plain, throws off the grip of tuberculosis as easily as one could ask, as I have had occasion to observe among the Kootenay Indians of British Columbia.

Coming to the prevention and treatment of pulmonary tuberculosis by outdoor methods, we begin with the babe in arms and have it dressed in loose clothing, warm, yet free about the chest. If the child shows a lack in its chest development, has dead air spaces beneath the clavicles, the mother is instructed to place her hand over the sternum and across the chest and gently but forcibly to expel all residual air from the apices of the lungs, for two or three minutes each day, when she gives it its bath. This not only expels the residual air and brings the dormant air cells into action, but it also causes the heart to do its work and establishes an equilibrium which is lacking in a great majority of cases between those organs, and is a direct tonic to the muscular walls of that organ. Beside this, it is a general tonic of great value, and brings the red blood corpuscles into active work, as is evidenced by the rosy color which comes to the cheeks of the child.

Lightly yet warmly wrapped up, with its face uncovered, the infant is given its daily nap in some sheltered nook out of doors.

Weather cuts but little figure, although in this climate we have much rain in the winter, as a rule the air is balmy and sweet. The infant, in fact, should be kept out of doors every possible minute.

As the child advances in years. the same rules apply, with the addition of deep muscle-kneading where it is necessary to develop a puny muscular growth. There is not a muscle in the body which will not actively respond to this treatment.

Where it is impossible for the patient to sleep out of doors on account of lack of door yard, a roof garden would be an ideal way of meeting the necessities. It is, in fact, an ideal place to camp out for city dwellers—can be made large or small, and easily, cheaply and tastefully arranged. In one instance I have succeeded in inducing a family to do this, with great satisfaction to themselves, by laying planks across the ridge of the roof, fastened to stringers braced from the eaves, with drilling curtains along the sides and front and back, and sliding on suspended wires to hide them from the eyes of the curious. They fitted up a charming resort, where they retreated during their leisure hours. With potted plants and Japanese lanterns lighted at night it was really a delightful place.

Before the disease has gotten a hold, if possible, and as soon afterward as the case is seen, I order an outdoor life. An absolute outdoor existence, sleeping on a

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pine bough bed under the pine trees, with nothing but their foliage between the patient and the sky if the weather permits. If not I place them in a tent (and much choice is to be had in the kind of tent used). The ordinary wall tent is an abomination. If made of canvas it is still worse. It is as tight as a drum, and precludes the circulation of air as effectually as brick or wood—I had almost said as tin. If the flaps are left open a fair circulation is secured, and only fair, for the shape leaves nooks where the circulation is but feeble except on windy days. Again, if the flaps are pulled aside all sense of privacy ceases to exist. Shelter tents, likewise, are open to the objection that, if the wind veers, it and rain break into them.

After ages of experience, the savages of this continent evolved the ideal tent for the varying climates of this country. The tepee tent is the proper tent, and the modified form known as the Sibley tent, adopted for convenience by the army does not take its place. The conical form of the tepee tent, with its steep sides easily shedding rain, with its large opening at the top creating an up draft and continued changing, keeps the air always sweet and clean as a matter of fact. It is built upon the lines of the old cupola furnace, and follows a principle in rapid oxygenation of the interior space which was first taken advantage of by the iron-workers of England and the Continent in the days of old.

I order a tepee tent with a height of from 18 to 20 feet and a diameter of from 20 to 24, or even 30 feet. This is drawn over the necessary number of poles. A lining of some dark-colored, light-weight cloth is then fixed around the wall inside to a height of eight feet. This is merely to obviate the silhouetting of the patient's figure upon the tent wall at night, in case he wishes to sit by the fire or use a lamp to read by. A deep bed of pine boughs laid overlapping one another, if properly built, makes a bed fit for anyone. A good lamp to read by at night, suspended from one of the poles, with an oaken framed No. 8 canvas covered army officer's camp chair or two, with a small table to hold toilet articles, etc., and when the weather is at all chilly a small camp-fire in the middle of the tent with a hood over it, or a camp stove, completes an outfit in which the patient can sit cozily and defy a storm. Upon lifting the lower edge of the tent upon one side or the other, or all the way around if necessary, for an inch or two from the ground, the circulation of air can be governed to a nicety.

Having the patient thus housed for bad weather, the matter of diet, rest or exercise becomes a matter of detail governed by the locality and the personal equation of the physician in charge. I am governed somewhat by the experience of others, and suppose that a generous diet of meat and milk is the best for the patient. Personally, I prefer that the meat should always be broiled upon the live coals of an open fire. An easy and palatable way of preparing the meat for the forced feeding of patients, who soon grow tired of one kind of diet, is the issuing of a pound or two of nicely "jerked" beef or venison to them each day. Properly prepared it is a most toothsome article, and it is surprising how much of it will be consumed by one person in the course of the day. They will, in fact, keep nib-

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bling and chewing at it all the time, and as 100 pounds of fresh meat will "jerk" down to not to exceed 30 pounds of jerked beef, containing all of the nutritious elements of the meat minus the water, unchanged by any process of good or bad cooking, it becomes a valuable element in the care of these people.

When I speak of jerked beef I do not refer to the article of commerce, but to the article as prepared by the old hunter, which is made of good fresh meat, cut in strips, dipped quickly in boiling brine, laid on low frames over a green, willow wood smudged-fire and dried in the sun. Plenty of good fresh milk up to the limit of the patient's capacity to digest and assimilate is a valuable article of diet. This should be issued in rations before rising in the morning and at stated intervals between meals and before retiring at night. In regard to exercise I believe that so long as the patient has temperature, or that active exercise tires him, it should not be thought of, but passive exercise, such as may be had by riding reclined in an easy spring wagon for the more delicate, with horse back riding for the stronger ones, is an ideal method. In the main the patient should loaf about camp from tent to an easy camp chair (such as I have mentioned), from chair to hammock.

Nothing tires ones's patience more easily than camp life, if the patient has any responsibility placed upon him, hence he should idle his time away in the main, occasionally being conveyed to points of interest. A cold salt sponge bath, quickly applied, should be the first duty in the morning. About 10 o'clock the patient should receive the muscular kneading, with the forcible lung exercise, administered by a competent attendant. The length of time consumed in this operation and the force to be employed must be strictly prescribed by the physician. After this treatment, which can be administered on a single width, six or seven pound silk floss mattress (a light and handy article to have in any camp as an emergency substitute for the pine bough bed) the patient is ready and anxious for a nap, and after a hearty drink of milk he is allowed to take one for a limited length of time. No patient in taking this nap should be allowed to lie on his back on a warm mattress, for the reason that it heats the surface of the skin, causing it to perspire and renders him soft and liable to have sneezing spells of acute nasal coryza, leaving him or her to feel miserable for hours afterward. The aim should be to gradually harden and toughen the patient, and build up his powers of resistance, and anything which detracts from this aim is harmful. It is in the attention to small details that much depends for success in the care of these patients.

In the matter of general diet I believe in a large variety where it can be procured. I am not averse to cooked fresh fruits, or, for that matter, a dish of beans baked or steamed all night in a tightly covered vessel buried in a hole in the middle of the camp fire. Like the elderberry wine of Whitcomb Riley "they don't go so bad for a little boy that's got curvature of the spine." In regard to drugs, anything which will aid the digestion and awaken the assimilative functions of the body in general is of great value. As for specific medication, I have not much favorable to say. I have not tried the

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administration of urea, and so have no opinion to offer, but have been content to rest upon the experience of the physicians of Shakespeare's time, who for this disease used to prescribe that the patient before breakfast should drink of his own urine one-half pint of it,—if it was not distasteful to him.

Early cognizance of the general physical condition of all children brought under the physician's care, beginning at the earliest period of life, with proper measures adopted to remedy such defects as may exist. Afterward fresh, dry air, with all the available sunshine to be had, with deep kneading of the muscles, skin and other tissues, and a gradually applied system of forcible expiration to open up the atelectatic zones, or dead air spaces, with proper forced feeding and a tent life in the proper tent, and attention to other details, and you have what, in my opinion, is as near as you can get to a successful treatment of the disease in question. It is all very simple, but not so easy to do as to write a prescription for some drug, but it is of vastly more importance to the patient, and in the long run to the physician himself, should the disease overstep the bounds of decency and good taste and attack himself or a member of his family.

Observation on Seven Years' Use of Carbonate of Creosote in Pneumonia.

J. L. Van Zandt, Fort Worth (Southern Prac., December, 1901), since beginning the use of carbonate of creosote in pneumonia, in 1899, has had but one fatal case. It is almost devoid of taste and odor, and may be given in emulsion or stirred in hot sweetened water, to be taken during agitation as it does not dissolve. The emulsion is an ideal way, particularly for small children. Do not mix alcohol or acids, as these will develop the taste and odor of creosote. Dose: To an adult the writer has been in the habit of giving seven and a half to ten grains or minims every three hours, in urgent cases giving the dose more frequently for a few times. Some have recommended one dram night and morning, while others have put the daily amount at two and a half to three drams. Dr. Sanborn gives one drop every hour. In some cases good results have been obtained from one drop of creosote alone every three hours, ordinarily the creosote may be used without other medication. Van Zant never uses expectorants or nauseants. Occasionally a few doses of some anodyne are given in the beginning of painful cases, and strychnine where indicated.—St. Louis Medical Review.

A Prescription for Hypochondriasis.

The Indian Medical Record for July 23rd cites from the British Medical Journal the following prescription given by "a famous French physician of the second Empire" to a hypochondriac patient who worried him:

℞ Aqua fontis 100;
Ilia repetita 40;
Eadem stillata 12;
Hydrogeni protoxyd 0.32;
Nil aliud 1.25;

One drop thrice daily. This elixir, it is said, cured a large number of neurotics about the court and in Parisian society. But it got the doctor into trouble at last through the indiscretion of a pharmacist.

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THE SURGICAL TREATMENT OF GOITRE

By ANDREW C. SMITH, M.D.
Portland, Oregon

Read before Oregon State Medical Society, September 10, 1902

The surgical treatment of Goitre has, until recently, been looked upon with awe because of the dreadful mortality formerly accompanying surgical procedures for its radical cure. But, thanks to assepsis and improve technique, the death rate has rapidly declined from 40 per cent. to about 1 per cent. in the hands of the most skillful operators. It would probably be a more reasonable estimate, however, to place it at 2 per cent. when the results of all ordinarily skillful operators are considered. Although internal treatment gives better results, since the value of animal thyroids internally administered has been discovered, and although iodine, arsenic and other drugs are known to be efficacious in quite a percentage of cases, the clinical fact still remains that notwithstanding these valuable remedies development of the hyperplastic or cystic thyroid continues till serious derangements of important metabolic functions develop, or distressing, even dangerous pressure symptoms appear, when surgical measures are demanded, and may be undertaken with much confidence of success.

In addition to the above named positive indications for operation, I am convinced, after close observation of quite a number of these cases, that an equally desirable, though perhaps less urgent demand for radical surgical relief is the mental annoyance and physical discomfort experienced, especially by women, resulting from the perpetually conspicuous unsightliness of the growth. When the danger of operation was so dreadful as formerly, it was not justifiable to submit a patient to so hazardous a procedure for cosmetic reasons, but with present perfected methods and satisfactory results, it is not only justifiable, but it is incumbent upon us to offer these afflicted ones relief from this cause of physical and mental annoyance, at the hands of modern surgery.

Two of my recent cases were of this class, and I must say that I have had no more gratifying results in my experience, both to my patients and to myself, than in these two cases. My experience with the Exophthalmic class of cases has not been sufficient to justify me in rendering an opinion as to the advisability of operating on them, having operated on but one, but in this the result has been a steady improvement with every prospect of complete recovery. I shall not hesitate, hereafter, to resort to partial excision in this class of cases where medical treatment has been faithfully tried and failed. With the surgical procedures which may be resorted to, I have had no

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experience except with partial excision, and enucleation. I have never resorted to injection, because I always feared it, and I now believe that with the excellence of present operative methods, and

their splendid results, it is unjustifiable because of its uncertainty and danger. Neither have I had experience with ligation of the thyroid arteries. Theoretically, I should consider this method fully as difficult, and equally as dangerous as excision, and more uncertain as to results. However, it has a limited field of utility in certain cases.

In the operations of excision and enucleation I have nothing to offer with which you are not familiar, but I want to make a special plea for the choice of anesthetic, and the character of the incision. The anesthetic, if a general one, and the goitre be large, will greatly increase the amount of hemorrhage, and the difficulty of controlling it; this is particularly the case if there have been occasional attacks of dyspnoea. The danger of sepsis is also greatly increased because of the contiguity of the mouth to the field of operation, and the likelihood of vomiting during the progress of the work. Vomiting after operation also endangers the cleanliness of the wound, while the straining effort engorges the vessels to an enormous degree, and therefore tends to post-operative oozing, which will seriously impede the healing process. The danger of injury to the recurrent laryngeal is always great, and under general anesthesia it is impossible to test the voice. The dangers then from either ether or chloroform are real

and manifold. They multiply and intensify both the difficulties of the operator and danger to the patient. The objection to them is so pronounced, in my estimation, that I will no longer consent to do a

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thyroidectomy except under local anesthesia.

It is indeed surprising how painlessly the operation may be done by this method. In my last three cases I have used the Schleich method of infiltration of the tissues with a normal salt solution containing gr. ½ of Eucaine and gr. ⅛ of morphia to the ounce. Eucaine has the advantage over cocaine that it is not decomposed by heat, and can be thoroughly sterilized. I first apply pure carbolic acid—Calvert's No. 1—over the line of incision, and in 30 seconds wash it off with alcohol. This anesthetizes the skin superficially. Then, with a long slender needle attached to a syringe, the Schleich fluid is thrown into the subcutaneous tissue in sufficient quantity to produce local anaemia from the infiltration pressure. The incision may now be made quite painlessly. This deadening effect lasts about a half hour. If necessary the deeper tissues may also be benumbed by an injection into them, but in the goitre operations I have not found it necessary. The retraction and the dragging sometimes necessary to deliver the tumor causes a suffocating, uncomfortable feeling, but the patient, having been assured that all the cutting has been done, will nerve herself to submit to this discomfort without a cry and sometimes without a groan. It is well at this time to entertain the patient by commenting to your assistants, on the bloodlessness and safety of the operation, and the splendid courage she is manifesting. You may also keep her occupied and yourself and your assistants tranquilized by having her repeat some word or number, such as 99, so that you may be assured while tying vessels in the vicinity of the recurrent laryngeal, that the nerve is not injured. It is a most sickening suspicion to entertain, that you may, in grabbing a spurter, have included the nerve, and it is no little compensation for the discomfort of the patient to have the assurance that all is well with the vocal cords, after having tied a suspicious mass of bleeding tissue.

Permit me to digress sufficiently to say that I have used this method of local anesthesia in other classes of work, and find it especially adapted to laparotomies or peritonitis or acute obstruction with great distension.

The incision may be median vertical, angular or transverse, or along the anterior border of the sterno-mastoid. The vertical or angular leave unsightly scars, while the transverse leaves a slight scar, so insignificant that if made with a slight curve downwards it appears as a natural fold in the skin. The median vertical incision, or the vertical portion of the angular incision, or even that along the anterior border of the Sterno-mastoid tends to a keloid condition, which is not only unsightly but actually uncomfortable. I prefer for cosmetic effect to make the incision low down, especially in a young woman, so that a necklace will cover the scar and evening dress may be worn.

This advantage is markedly exemplified in the two classes of incisions represented in the cases which I present to you. A thorough exposure may be had by carrying the incision through the Platysma, and reflecting this thin musculo-cutaneous flap well upward above the tumor.

The superficial vessels divided are unimportant, and are easily ligatured before cutting them. The

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fascia is now freely divided vertically, which permits of retraction of the Sterno-thyroid and hyoid muscles, thus exposing the bluish-red colored goitre, in its capsule. Ordinarily, after exposing the tumor the dissection is blunt and easy, the gloved finger doing most of the work, with occasional use of blunt curved scissors, no dragging force being used, lest vessels be torn, or the nerve injured.

The upper and outer portion of the tumor is the easiest and safest to first isolate, when the superior thyroid vessels can be divided between ligatures. Then, in a similar manner, isolate, ligate and divide the inferior thyroid vessels. This is where the great danger is of injuring the recurrent laryngeal nerve, and where the greatest advantage is gained from local anesthesia. After both superior and inferior vessels are divided, the tumor is readily reflected toward the median line and the isthmus transfixed and divided. While this is the rule, there are almost inoperable exceptions.

If the goitre is due to distinct nodules, these should be removed by enucleation, which is usually free from danger from the nerve, or large veins. The incision is the same as for resection.

The best cosmetic effects from closure of the wound may be got by separately approximating the Platysma with a continuous fine catgut. This will produce slight pouting of the wound when closed, which will soon level down, but will not leave a dimpling, or furrowing of the scar.

The subcutaneous suture after approximating the Platysma gives ideal results.

It is well to use a small twist of rubber tissue for drainage for a couple of days, as there is very likely to be some oozing. As asepsis must be absolute, it is well to use gloves, and observe a scrupulous technique throughout.

The Principles of Treatment of Tubercular Laryngitis.

St. Clair Thomson (Journal of Laryngology), in an interesting paper upon this subject, arrives at the folloowing conclusions, based upon his own personal experience, plus the opinion of other observers:

1. Pathology and clinical experience show that in the majority of cases the focus of infection is near or in the crico-arytenoid joint.

2. Many cases only present themselves at a stage when the possibility of effecting a cure by local measures is quite untenable.

3. The principle of primum non nocere should be constantly kept before us, as many measures which have been tried in this affection have only distressed the patient and hastened the disease.

4. In the light of present knowledge and therapeutic resources, the most rational principle is to try and make an early diagnosis of the disease while in an incipient stage—any persistent or suspicious laryngeal catarrh should be treated seriously in even a presumptive diagnosis.

5. Once diagnosed the patient should be treated on the principles laid down in the modern method of sanitorium treatment.

6. Symptomatic treatment should be directed to an irritative, catarrhal or obstructive condition of the air passages.

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GASTROPTOSIS: A METHOD OF SUSPENDING THE STOMACH IN A HAMMOCK MADE OF THE GREAT OMENTUM

By R. C. COFFEY, M.D.
Portland, Oregon

Owing to a lack of time, I will not present a paper, but will briefly report two cases of Gastroptosis, which I have treated by a method, as far as I know, entirely original. The paper in full will appear in the Philadelphia Medical Journal. I will, therefore, not burden you by relating the cases, except to show some drawings representing them before and after operation, and diagrams demonstrating the method of operating, and the anatomical reasons which make the operation a success.

The three first drawings represent the first case, which was operated upon last November, at the North Pacific Sanatorium. It was reported to the Portland Medical Society in December, 1901, and to the Whitman County (Washington) Medical Society in January, 1902. Both cases were absolute invalids and great sufferers. The symptoms I will omit at present.

Cut I represents enlargement showing externally after the patient was under the anaesthetic and the wall relaxed.

Cut II shows the stomach as it appeared after the abdomen had been opened.

It will be seen that the lesser curvature of the stomach was about two inches below the unbilicus. The great omentum was adherent to the peritoneum of the anterior wall of the pelvis, completely tenting over the pelvic cavity. Strong bands of adhesion, as shown in cut, held the stomach firmly in the upper part of the pelvis. After the adhesions were broken up, the stomach was easily forced back into its position and sutured there, by placing three interrupted chromicized catgut sutures through the omentum, about an inch below the greater curvature of the stomach, and stitching to the peritoneum of the abdominal wall, as show in Cut III.

This patient was relieved of her trouble within forty-eight hours from the time of the operation, and is now (almost a year from the time of the operation) in perfect health, and as far as we can tell, the stomach is in perfect position. The cure was immediate, complete, and as it seems, permanent.

Cut IV represents another case, which had practically been in invalid for several years. The greater curvature of the stomach in this case was about two inches below the umbilicus. The transverse colon was displaced into the pelvis, lying parallel to the cecum, and tied down by very dense adhesions all the way along, the patient having been operated upon a year before, for recurrent appendicitis through a medium incision, which was made for the purpose of sus-

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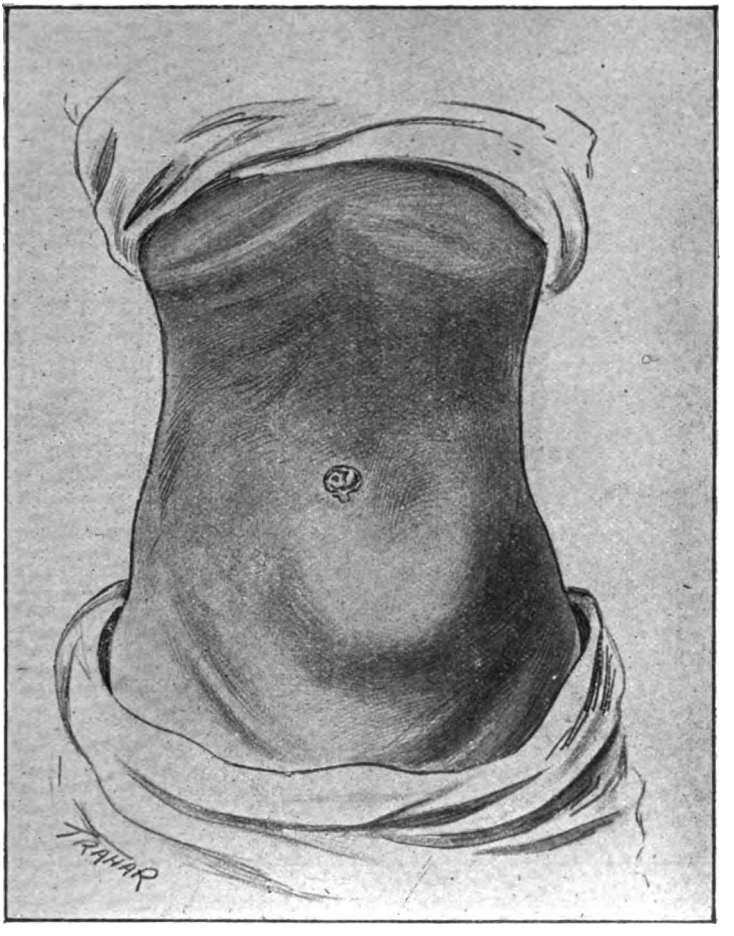
pending the uterus. After separating these adhesions, partly with the scissors, and partly with the fingers, and suturing the peritoneum of the intestine over the raw surface, the stomach and transverse colon were pushed back into their normal position, and the omentum was stitched about an inch below the lower border of the stomach to the abdominal wall by eight chromicized catgut stitches, placed about two inches above the umbilicus, as shown in figure 5. This operation was done ten weeks ago. The patient was relieved immediately, and has gone home perfectly well, as far as we can tell, and entirely relieved of her symptoms which were very severe.



Cut I.—Stomach as seen before the abdomen was opened in Cast No. 1.

I am free to state that I have done no operation for a chronic condition, which has given the immediate relief noted in these two

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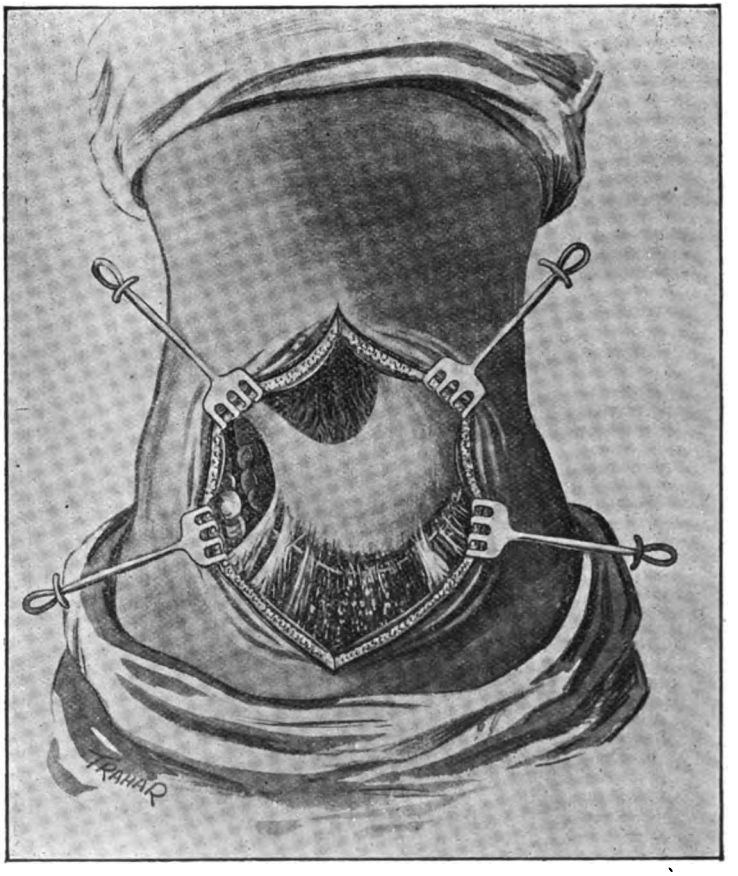
cases. The operation is entirely new, and I believe has not even been hinted at in medical literature, and while the first case been reported to two organized medical societies, no publication has so far mentioned or suggested the idea.



Cut II.—Stomach in Case No. 1 after the abdomen had been open d. showing how the omentum was adherent to the pelvic wall bringing the lesser curvature two inches below the umbilicus.

Recent writers have been discussing the feasibility of operating for this condition. Dr. Clarence Webster, of Chicago, has been for some time removing the connective tissue, between the recti- muscles and sewing the muscles together, in the hope of relieving the relaxed abdominal wall which is usually present in these cases. He reports a fair degree of benefit.

Byron Robinson also recommends a similar procedure. Some German authorities have advised and practiced the removal of a section of the abdominal wall.

Stengel and Beyea have short-

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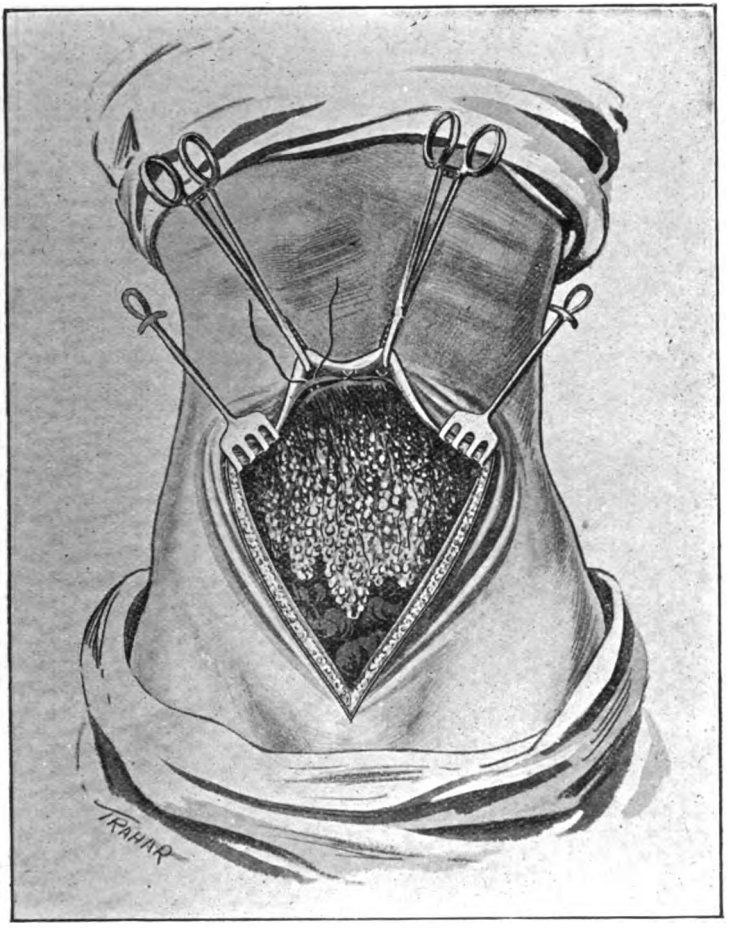
ened the gastro-hepatic omentum; others have stitched the lesser curvature of the stomach to the abdominal wall, but all these operations have been only partially successful, and the study of the peritoneum, as seen in the diagrams, will show the deficiency of such operations.

Steele, of Philadelphia, in the Philadelphia Medical Journal of January 25, rehearses all these methods and concludes that they are so far not altogether successful, but that he hopes we may look to surgery for some relief.



Cut III.—Stitching the omentum to the abdominal wall with three chromacized cat gut sutures.

The cases related have been most interesting to me, no less from the fact that it is a new method of treating the condition, than that the patients have been absolutely cured at once, and have not suf-

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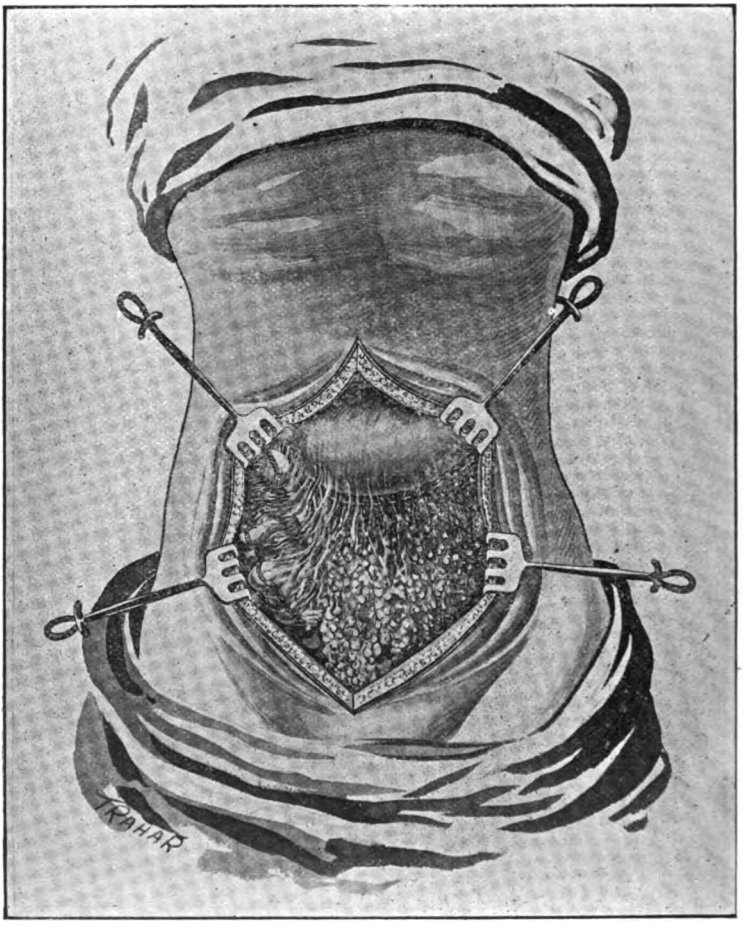
fered from the trouble from the time the operation was performed, until the present day. Neither of the patients have felt any symptoms that has caused them to suspect that their old trouble was returning. Having first obtained clinical results, I have since made a careful study of the anatomy of the peritoneum, and have been fully convinced of the rationality of the operation performed.

First, to consider the anatomy. That part of the greater omentum which hangs in front of the intestines is histologically composed of four layers of peritoneum, forming a sac, the walls of which are composed of fat, blood vessels and lymphatics, and enclosed in peri-



Cut IV.—Case No. 2, showing the greater curvature of the stomach two inches below the umbilicus. Transverse and ascending colon adherent together and involving the omentum.

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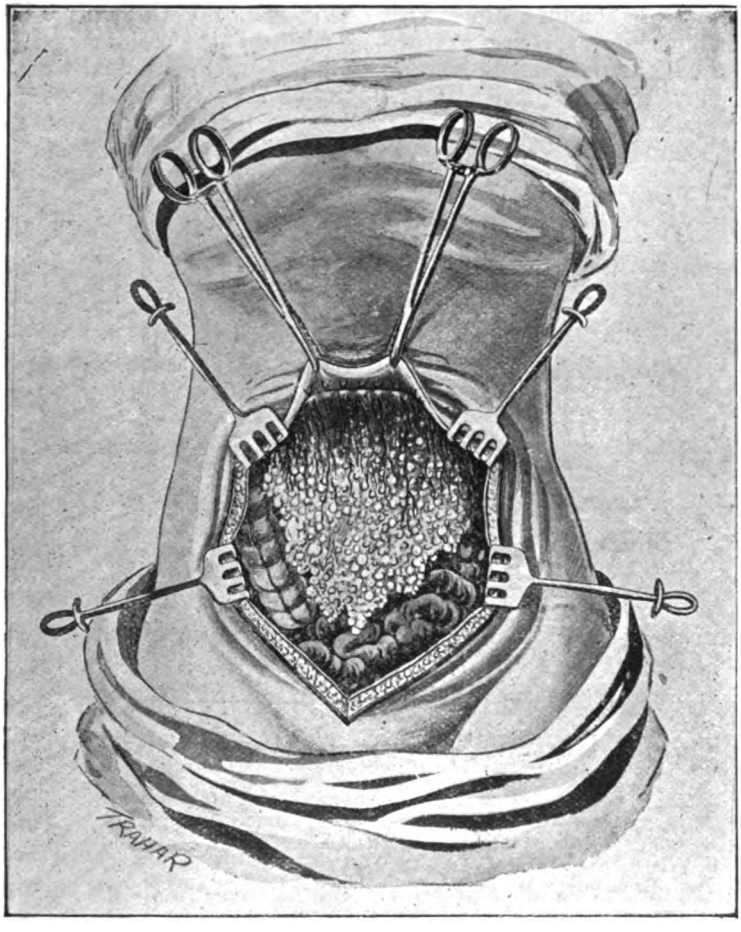
toneum inside and out. In the great majority of cases, however, it is impossible to demonstrate the various layers, so that the omentum for all practical purposes is a solid



Cut V.—Stomach and colon replaced. Raw surface of colon covered by sutures. Omentum stitched to abdominal wall by eight interrupted chromicized cat gut sutures.

fatty apron, hanging down over the intestines, surrounded entirely by the peritoneum, the anterior layer of the omentum is simply a blending and extension of the peritoneum covering the anterior and posterior walls of the stomach. The posterior layer is in reality an extension of the transverse mesocolon, which comes from the posterior abdominal wall surrounding the colon again blending the two layers and extending out to meet the anterior layer, which comes off the greater curvature of the stom-

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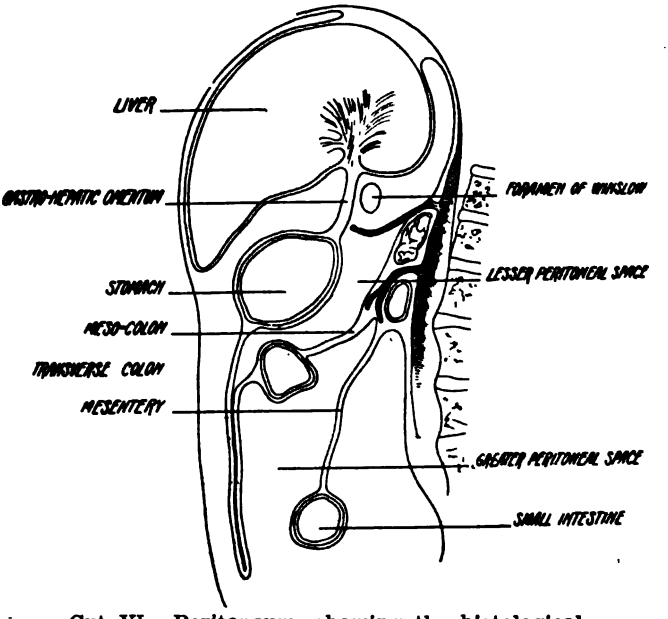
ach. These two layers in childhood, and occasionally in adults, are separated so that the greater omentum is practically a sac. In the great majority of cases, however, in adults these two layers blend, forming a solid apron. This is probably always the case in pathological conditions, such as we find accompanying gastroptosis.

The portion of the peritoneal cavity bounded by the stomach in front, the colon and transverse meso-colon below, and the posterior abdominal wall behind, and the diaphragm above, is known as the lesser peritoneal sac, connecting with the greater peritoneal cavity through the foramen of Winslow. The space in front of the stomach is naturally in the greater peritoneal cavity.

The supports of the stomach are gastro-phrenic ligaments, gastro-hepatic omentum, oesophagus, and the duodenum.

While it is probable that Glenard's theory as to the displacement of the stomach by adhesion, is only partially true, I am of the opinion that both my cases have been at least held in abdominal position by adhesions, if not actually drawn out of place by the adhesions. It will be seen that the gastro-phrenic ligament and gastro-hepatic omentum, are really all the supports the stomach has, except outside of its direct extension, and these ligaments hold by a direct pull only.

The diagram accompanying this clearly show that, by the operation performed in these two cases, a third peritoneal sac has been created. A partition has been made which to a great extent separates the abdominal cavity into two compartments. One containing the



Cut VI.—Peritoneum, showing the histological structure of the great omentum taken from Morris' Anatomy.

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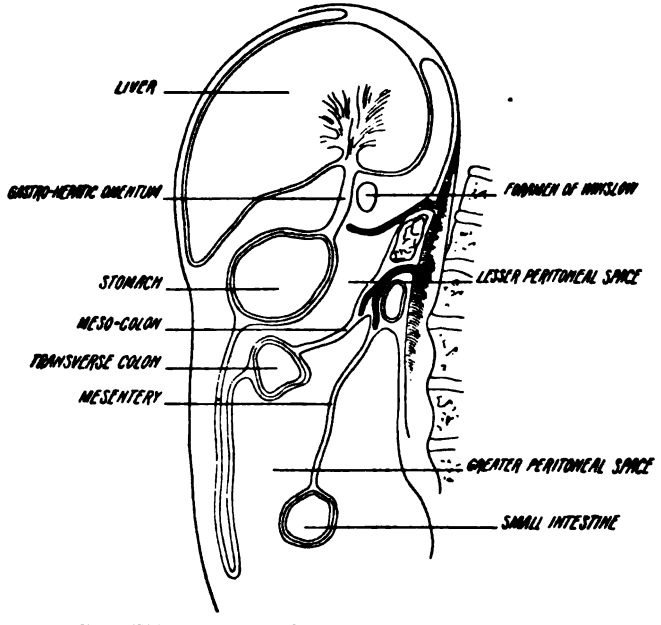
stomach, liver and pancreas, the other the intestines and pelvic organs. The organs above this partition can only fall by stretching the partition and carrying it in front. Thus the stomach is suspended in a hammock, which extends from the back to the front of the abdominal cavity. If the proper supports are not strong enough to hold the loaded stomach, the extra weight is suspended by the hammock made from the great omentum. No amount of adhesion involving the great omentum can henceforth displace the stomach or colon.



Cut VII.—Layers of great omentum adherent obliterating the sack.

The obstruction produced by a displaced stomach dragging upon the duodenum, and producing a sharp angle causes dilatation, and in turn is relieved by this operation, allowing the stomach-walls to regain their normal tone.

As to the technique, I think this can be well varied to suit the case in hand. If only the stomach is displaced and not much dilated, it will probably be sufficient to put one row of sutures across, about an inch below the attachment of the stomach. If the abdomen is much relaxed and the colon shows a decided tendency towards relapse, it will probably be well to put two rows of sutures across, penetrating the entire thickness of the omentum, just below its origin from the colon. In this way such a broad line of adhesion will be formed that it will practically be impossible for the organs to become prolapsed.

In my first case I placed three interrupted chromicized catgut sutures, covering a space of about two inches, near the center of that portion of the omentum attached to

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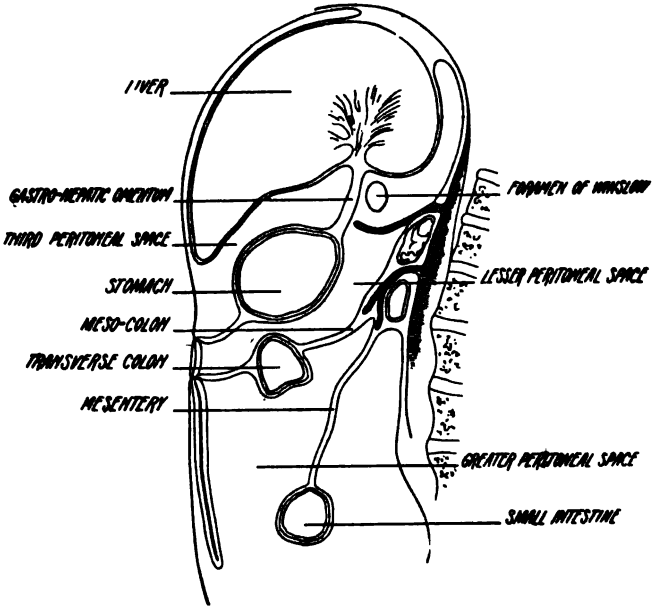
the dilated portion of the stomach. In my second case, I used eight chromicized catgut sutures, covering a space of a little more than six inches. In case of a very much dilated stomach, I would suggest extending the suture still farther, taking in eight or ten inches across the omentum. These stitches have been passed about two inches above the umbilicus, and have been passed from a large longitudinal incision as shown in the cuts.



Cut VIII.—Omentum stitched to abdominal wall, creating a third peritoneal space and forming a partition in the abdominal cavity.

If the operator desires to reinforce his transverse line of sutures, he may very conveniently, inclosing the parietal peritoneum, include in his running stitch the omentum from his transverse line down as far toward the lower line of incision as he may see fit, thus making a "T"-shaped line of sutures.

In operating primarily, for a case of this kind, it would be much more convenient to have the incision higher up. And it might be well under certain conditions to throw out an extra incision, somewhat transversely, in order to give greater space for the passing of a long line of sutures.

I take it, however, that an operator will use his judgment at the time, as to where the sutures are necessary.

The principal point to be known, is that it does no harm to suture the omentum to the abdominal wall, at any point the operator may see fit. I think it a good precaution to avoid omental blood vessels in placing the stitches, lest sloughing might follow in places. My own conclusions are as follows:

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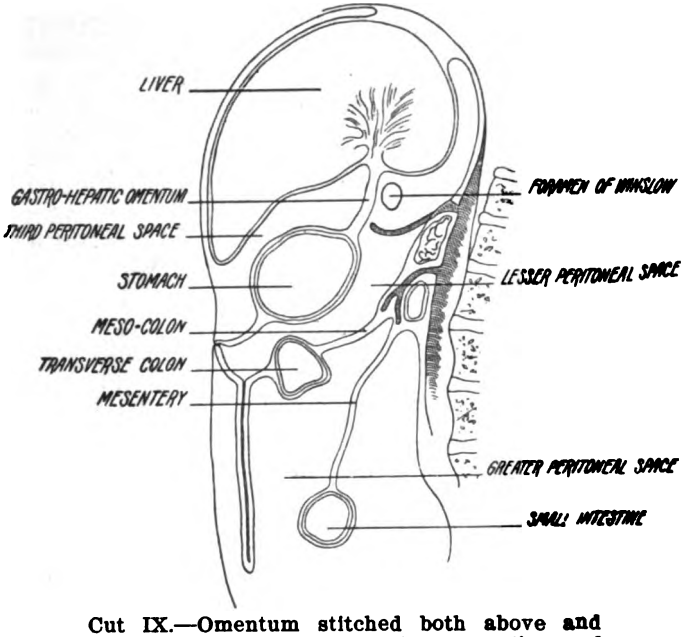
Gastroptosis is far more frequent than has been suspected. Dilatation is probably in a great majority of cases due to the gastroptosis, and gastroptosis with dilatation having once begun, produces a weight which its normal direct supports will not sustain, thus the position increases the dilatation and the dilatation in turn increases the weight, so that the patient inevitably grows worse.

being almost always concomitant with gastroptosis will, in the majority of cases, be relieved by this operation. The transverse colon being in the folds of the great omentum, can not be displaced downwards, therefore this operation will greatly benefit, if not entirely relieve enteroptosis, by supporting the weight which would otherwise be riding the small intestines into the pelvis. In case of



Cut IX.—Omentum stitched both above and below the colon, forming two lines of sutures.

The operation suggested by suspending the stomach in a hammock adds additional supports, namely, the posterior attachment of the meso-colon, and the anterior attachment of the great omentum to the abdominal wall. Both of these attachments are indirect, and are capable of holding more than a direct attachment, like the one from above. Dilatation of the stomach

splanchnoptosis, with a much relaxed abdominal wall or separation of the recti-muscles, the operation devised by Webster, should be done in closing the abdominal wound. In this way no organ has its motion interfered with by the operation, and as has been shown by the two cases, no pain or inconvenience is produced by the attachment.

I wish to commend this to the

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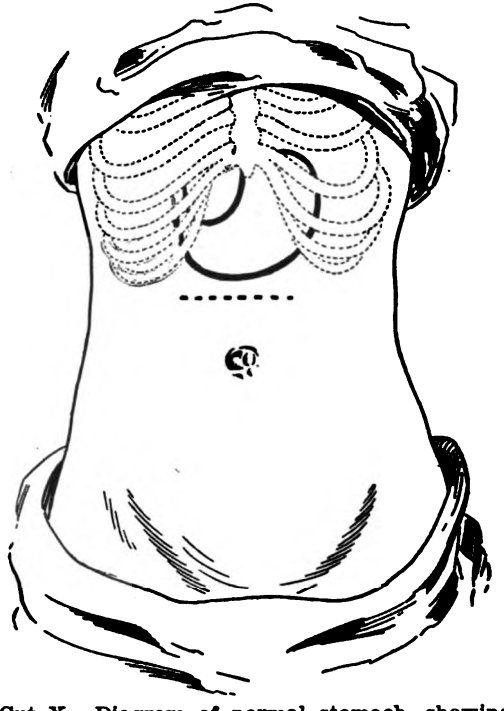
investigation of surgeons who have greater opportunities and larger clinical experience, with the belief that the operation has a future and will serve a valuable purpose and relieve the symptoms accompanying such cases.

I wish to acknowledge the valuable assistance and advice of Dr. E. P. Geary in both operations.



Cut X.—Diagram of normal stomach, showing its relation to the sutures.

Poor Baby.

A Canadian firm recently placed with the Montreal and Toronto newspapers an advertisement of a new nursing bottle it had patented and was about to place on the market. After giving directions for using the advertisement ended in this manner:

"When the baby is done drinking it must be unscrewed and laid in a cool place under a tap. If the baby does not thrive on fresh milk it should be boiled."—Columbia (S. C.) State.

A Local Application for Facial Neuralgia.

The Maryland Medical Journal for August gives the following:

℞ Tincture of aconite root, 4 drs.
Chloroform, 4 drachms.
Alcohol, 4 drachmns.
Oil of peppermint, 1 ounce.

M. To be applied with a brush.—N. Y. Med. Jour.

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THE DIAGNOSIS OF SANITY

By J. ALLEN GILBERT, PH.D., M.D.
Portland, Oregon

Read before Oregon State Medical Society, Portland, September 10, 1902

"All the world is queer 'cept thee and me, Cynthy, and e'en thee art sometimes somewhat queer."

Every man judges the world by himself, and unavoidably so, for his own present consciousness is the only standard he has. The external world—everything and everybody—is judged through the eccentricities of a personal equation, and to every man that alone is "about right" which suits "him." Where, then, is a standard to be looked for?

Insanity is a term not so widely understood as it is used. Everybody has a vague idea of insanity, but a satisfactory definition is well-night impossible. A negation is always indefinable except by reference to the positive to which it refers, and even consciousness, the basis of both sanity and insanity, is indefinable. It must be known. Too frequently a man is judged insane because he does not think or act as other men do, but though the average man may be considered sane, sanity cannot be decided by reference to and comparison with the concensus of opinion or the average way of acting. An insane community left to itself would be no standard of sanity.

That which is is what it is by virtue of what it does. Only that is which is active. Our interpretation of what it is or does is the result reached by its action upon us and the response given by us to such activity. Such response calls out the whole personality of the acting subject and in the reaction that personality is, as it were, stamped upon the object in question. To many a symphony is noise because they have but little to give. The traveler who expects to receive must give not only pecuniarily but mentally, for nature is most niggardly in her gifts. She never gives to men more than they give to her —mind for mind, as it were. She fills everybody's cup who wishes to drink, but the drinker supplies the cup. Olives are olives, but they are delicious or disgusting, depending

* * * * *

Independent existence is a myth. Relation is so universal in its application that everything is what it is partly because of something else upon which it depends. What it does depends, in part, upon what something else is doing. Losing sight of the spontaneous element involved in such activity, we are prone to conceive the whole of reality as a mere inert mechanism submitting to external forces as the sole active principle—a conception as erroneous as it is prevalent. In brief, that which is is forever impressing itself upon its surroundings. Its activity persists and is universally the same without reference to the interpretation put upon it. True,

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its activity is modified by the exigencies of the circumstances in which it is found and the resultant activity of a thing is what we call an "object" or "it," but only that is separated from other things and called an object or unitary existence which continues to manifest itself as such in a consistent way according to certain laws. Water is always H_2O, and as soon as that relation of H.-H.-O. is broken, water has lost itself in a different chemical combination or has perhaps lost its efficiency by the incorporation within itself of substances which so modify its action as to rob it of its own efficiency as such. Its utility as water depends upon its retaining its essential properties to the exclusion of external agencies. Just so with any substance or entity. In so far as a thing is uniform in its manifestations of itself, just so far can its activity be expressed in terms of a law, and without law no diagnosis is possible. Law, it must be remembered, however, is but a deduction from the consistent activity of things.

The same principle can and should be applied to man. In no sense is he a species by himself to which all else has teleological reference. Our estimate of a man is made by his acts, and whoever acts continuously upon a certain line we classify as a certain kind of man, and we expect from him that kind of life; and that which does not conform to the laws of its class is reclassified. In a popular way he who does not act in accordance with the general laws deduced from the actions of men is classed as insane.

However, in the diagnosis of sanity in the individual, reference must be made, not so much to the general laws expressing the action of man in general, as to the laws expressing the activity of the individual in question. Without relation of one thing to another no diagnosis can be made, let alone the diagnosis of sanity, whose very essence depends upon relation. Where proper relations are found, there is the standard, I care not in what science it may be. Circumstances may be such as to materially change the general trend of A's life, but so long as each act is consistently referable to his life of the past, we look upon it as A's act, and hold him responsible for it, *i. e.*, we relate or refer it to that unitary stream of consciousness known as A. Herein lies the whole diagnosis of sanity or insanity. That act which takes its place in a series of logical and self-consistent acts is charged to the man's account, as it were, and the whole series of acts is classified as a unitary rational stream of consciousness, and praise or blame is affixed according to the moral laws admitted to be valid at the time. Again, any act which fails to be united to that unitary stream of consciousness, A, cannot in any sense be imputed to A, and that stream of consciousness which can be, or allows itself to be, made thus erratic, and fails of self-consistency, is classed as insane, *i. e.*, unsound.

In short, we look upon any stream of consciousness as sane which is consistent with itself, and so soon as such consistency is lost we judge the man insane. How often do we hear it said of a man who is considered sane and rational by all, that at such and such a time he "made a fool of himself." For the time being he lost control of himself, and he himself cannot account for his action, and should it occur with a frequency

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which would attract attention, or make the man dangerous to himself or others he would be put in the insane asylum; but, because he gathers himself up again, so to speak, we laugh at him and go our way thinking, "What fools these mortals be!" Sanity and insanity are to be adjudged, not with reference to the conduct of others, but by reference to the subject himself. Consistency argues sanity. Man has, or at least should have, within himself the means for his own defense, viz: self-consistency.

The man who persists in being continually "absent-minded" we put in the insane asylum, while we merely laugh at him, who starts to change his costume for an evening reception and finally finds that he has gone to bed. For practical purposes sanity or insanity is decided upon the sum total of a man's life, and the diagnosis is reached by cumulative evidence, but strictly speaking, every act must be decided sane or insane upon its own merits in relation to what has preceded or what follows. The saying that "there is a grain of insanity in every man," finds its justification in the fact that at some time or other we all have made fools of ourselves, and if we do it frequently enough we are looked upon as insane and, sad to say, many come dangerously near the dead line. Many lie in asylums because they made a fool of themselves once too often. By the accumulation of insane acts the balance has turned and the community rids itself of the nuisance. However, the insanity is decided, not with reference to the community, but with reference to the man himself, and society then deals with him as a unit in society, and accepts or ostracizes him in accordance with the necessities of the hour.

Insanity always presupposes a previous sanity. In the absence of consistent relation any act is judged insane in the light of the past. However, should the future give a series of acts to which it can be thrown in consistent relation the verdict in regard to that act must be changed from insane to sane, but the subject to which it is referred also changes. For example, should A without warning give his name as B, on the basis of this one act we judge the man insane, but should subsequent acts be in harmony with this statement, we drop A and accept B as a new subject. In the light of A his claim to being B would be insane, but in the light of what follows it is perfectly sane. This is what happens in double personality, which is not insanity. Prof. Ladd tells of meeting a man in an insane asylum who accosted him and said he was St. Paul. On his return through the ward. the same man accosted. him again and claimed he was St. Peter. On being reminded that he had previously said he was St. Paul, he responded by way of explanation: "That's all right. I was St. Paul by my first wife and St. Peter by my second." Here is clearly an insane condition—a lack of proper co-ordination.

It has become almost automatic for psychologists to divide mental phenomena into intellect, sensibility and will, and in a careless way the three have been considered by some as elements or parts of mind. They are arbitrary divisions having no true counterpart in the activity of mind, as such, for any one psychic act brings into play all the principles of psychology. Intellection without emotion and will, emotion without intellection and will, will without intellection and emotion are

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myths—mere abstractions, having absolutely no counterpart in reality. To base sanity upon the proper balance of the emotions, intellect and will, as is done by many, is to assume a condition of affairs which does not exist. The whole conception belies the principles of psychology. The activity of mind is unitary, and any division of psychic activity is of necessity merely arbitrary to suit the convenience of discussion. As a standard for insanity, pray tell, what can be meant by the proper balance of intellect, sensibility and will? Is the so-called "heartless" man insane because with bull-dog grit he tramples down everybody and everything which obstruct the realization of his selfish desires? Is he insane who "feels" his way through the world by a sort of intuition as he claims? Are we to say that our "giant intellects" should be put into insane asylums? The whole conception is a *reductio ad absurdum* when looked upon as explanatory of the activity of mind.

All attempts to divide mind thrust us into the fallacies arising from an attempt to apply the laws of physics to psychic activity. They do not fit. Through an analytic process psychic activity is resolved into sensation, perception, apperception and the like, but here again it must be remembered that we deal with terms used merely for the convenience of discussion. A sensation pure and simple is as much a myth as the atom pure and simple. Both are but hypothetical units based upon the unity of consciousness and used as basic elements necessary to any explanation of the full grown entity of which by an analytic process they are supposed to be elements. Analyze psychic life as we may, its ontological unity thrusts itself upon us with a vividness which leaves no doubt of personal identity.

Activity is the simplest element known, and an attempt to analyze it is but to introduce a series of abstractions having no counterpart whatever in the activity as such. This is true, not only of so-called things, but also of psychic manifestations. Discriminative distinctions in regard to activity are, therefore, not to be found in the act as such, but in the relation that act bears to other acts. An isolated act is absolutely meaningless.

No man can be proven sane or insane on the basis of one act. It must be judged as one of a series in order to have any insignificance put upon it. We decide what a man is by what he has been. Our judgment of him today is based upon our knowledge of his whole life. For example, if after spending years in a sane life a man all at once starts upon an apparently new existence by doing something entirely foreign to his previous habits, before judging the act insane it must be decided whether the act in question can be referred to a previously existing stream of consciousness and whether it manifests consistent relation to the same.

Even in double personality, where there is no insanity, the first manifested act of a new personality is judged insane until subsequent acts of the new personality form a consistent whole to which to relate it. No hard and fast line can be drawn in judging the sanity of an individual as a sum total. There are different degrees of intelligence or intensity of psychic life ranging, one might say, from the idiot to the sage, but still it must be kept in mind that such gradations are not due to an admixture of insanity, so

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to speak, but to a mental habitude characteristic of the individual. Any act consistently referable to a unitary stream of consciousness, and accepted as such by the subject of such act, must be looked upon as sane. In other words, that act which has proper subjective and objective reference is sane. To determine this is not always an easy task.

At first thought perhaps no subject is harder to bring under the above conception than paranoia, in which the self-conscious element often receives emphasis rather than dissolution. However, in paranoia there never exists that proper subjective and objective reference of acts which is necessary to self-consistency. How frequently we have it said of a paranorac that he is crazy on one idea. In fact, that is the way the diagnosis is made. He is perfectly rational except on the idea in question. So soon as that one idea becomes sufficiently dominant to overbalance his record of sanity as a member of the community, or to endanger himself and others he is committed as insane. Here again the verdict is by cumulative evidence, as is every commitment to the insane asylum. However, the true diagnosis of sanity or insanity deals with the individual act in relation to the subject of such act. It will be readily seen that the diagnosis becomes extremely difficult and often impossible where dissimulation enters as an element.

But little light can be thrown upon the diagnosis of sanity or insanity from the standpoint of etiology or pathology. General terms may be invoked, such as worry, overwork, malnutrition, heredity, etc., but inasmuch as sanity refers to mental condition, they explain nothing so far as the diagnosis is concerned. Insanity, as such, refers to and must be diagnosed by means of the psychic manifestations of the subject, for it refers to mind, not to body. It is not a nervous disease, but a mental disease. Mind has no histology and no anatomy, and therefore no pathology, as that term is generally used. That insanity has correlated with it a pathological nervous condition probably no one will deny, but to mistake a morbid anatomy or an abnormal physiology for insanity, is to confound consciousness with nervous activity, and a neuron with sensation. Physiology and biology are not psychology. It must be remembered that psychology is not neurology, and mental diseases must not be confounded with or engulfed in nervous diseases. A diseased brain is not a crazy idea or an insane man. The word "disease" as applied to mind is perhaps unfortunate, in that it carries with it the conception of an objective lesion, infection, contagion and all those physical aspects which apply to spatial objects alone, but if "disease" is looked upon as the abnormal then the term is entirely justifiable. At present but little is known of the morbid brain anatomy accompanying insanity, and at best the morbid anatomy is known post mortem, but should even the most astounding morbid anatomy be present we must still appeal to the individual before pronouncing sanity or insanity. Could we know thoroughly the pathology and histology of the brain we could with certainty predict the mental condition of the subject and vice versa. But prediction is not diagnosis. The unity of nature is such that knowledge of any one thing gives insight to all. Given a thorough knowledge of a hair on the head and there

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can be explained not only brain and mind, but the universe itself.

The diagnosis of sanity and insanity must rest, not upon physiological and neurological investigation, but upon a psychological examination of the subject. It is preeminently a psychological problem.

Amaurosis (Atrophy of the Optic Nerve) and its Treatment by the Subcutaneous Injection of Strychnine.

Hasket Derby, the well known ophthalmologist, states in the Boston Medical and Surgical Journal of May 15, 1902, in a paper on this subject, his views in the folowing words:

"To sum up the whole matter, it is freely admitted that these cases are not brilliant as to result. But the malady is in itself so fatal, and has been regarded as so hopeless, that it seems to me the smallest chance of relief, whether temporary or permanent, ought not to be allowed to slip.

"The following conclusions are justifiable: (1) Strychnine is stimulant to the optic nerve. Even in normal eyes it slightly increases the acuteness of vision and widens the visual field. These effects are temporary (Fuchs). (2) In certain cases of optic nerve atrophy its local subcutaneous injection has, to say the least, coincided with an arrest in the progress of the disease, and has been followed by a somewhat increased acuteness of vision. Whether these effects are temporary or permanent, time and fuller statistics will show. (3) In a progressive case of this disease it is clearly out duty to state the above facts to the patient, and allow him to take the treatment if he is so inclined. (4) The strychnine should always be administered in the temple, and by subcutaneous injection."

For Insufficiency of Gastric Secretion.

Dr. Albert Robin (Journal des Practiciens, May 3d) disapproves of giving hydrochloric acid in these cases, and recommends the following powder to be given five minutes before dinner and supper to arouse the glandular activity of the stomach:

℞ Potassium sulphate, .0.25 gramme=3¾ grains.
Potassium nitrate, .0.25 gramme =3¾ grains.
Powdered ipecac, 0.02 gramme =1-3 grain.
Sodium bicarbonate, 0.30 gramme=4½ grains.
M. For one powder.

After the meal he prescribes eight drops of the following:

℞ Tincture of nux vomica, 6 parts.
Tincture of star anise, 3 parts.
M.—N. Y. Medical Journal.

Treatment of Gastric Ulcer.

The following treatment of gastric ulcer recommended by Pariser, appearing in Med. Standard, consists in absolute rest in bed as most essential in the treatment. He also recommends a mixture of chalk and talcum, with or without magnesia in place of the bismuth. He finds this mixture fully as effective as bismuth. It forms an aseptic crust over the ulcer. The patient drinks two ounces in a glass of water on an empty stomach and then lies quietly on his back for forty-five minutes.

[The position of the patient is of importance, as the great majority of gastric ulcers occur on the posterior wall.]

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DIABETES

By OTTO S. BINSWANGER, PH.D., M.D.
Portland, Oregon

Read before Oregon State Medical Society, Portland, September 10, 1902

Considering the large amount of literature published on diabetes, and the numerous and painstaking experiments made on that subject, it is somewhat surprising that today, at the beginning of the 20th century, so comparatively little is known with certainty, and that especially the etiology and treatment are still mooted questions. In bringing the subject of diabetes today to your attention, I do it, not for the purpose of advancing any personal theories which I might hold, or emphasizing any experiments I have performed, but merely to recapitulate in condensed form the views of modern writers and incidentally make some suggestions regarding diet and treatment.

At the outset it is well to emphasize the fact that diabetes and glycosuria are not synonymous terms. Glycosuria, as the name implies, means simply sugar in the urine, a condition which can be experimentally produced by a large ingestion of sugar. While by diabetes we understand an inability of the system to normally metabolize carbohydrates. The amount of carbohydrates upon which a healthy individual thrives best is about 18 to 20 ounces; the system, however, may dispose for a short time even 40 to 60 ounces, and it is very doubtful whether the ingestion of starch, even in quantities exceeding that amount, will give rise to the appearance of sugar in the urine. With less complex carbohydrates, such as sugar, for instance, a temporary glycosuria can be induced. There is no doubt that in practice we meet constantly cases where these two terms are used indiscriminately, and this fact explains also the wonderful cures which some physicians report in good faith.

Considerable work has been done in the last few years on the subject of diabetes, and the empirical views which prevailed for a long time are bound to give way to the searchlight of scientific investigation. One of the latest, most scientific, and at the same time most concise articles on diabetes is published in the July and August numbers of The Lancet, by F. W. Pavy. His article treats principally of the "acetone series of products in connection with diabetic coma," giving results of his own investigations as well as of contemporaneous workers in that line, presenting the subject in a masterly way. And so much am I in accord with his views, and so thoroughly do I believe in the correctness of his deductions, that I am convinced I am only taking a logical step forward when I extend and apply all he has said on the subject of dia-

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betic coma to the larger subject of diabetes.

Although the classification of diabetes into the mild, the intermediate, and the severe type is the one commonly accepted, I prefer Pavy's into the alimentary type and into the composite type. In the alimentary type, he holds, the error consists purely and simply in the mal-assimilation of the food carbohydrates, and as a consequence the elimination of dextrose in the urine. In this elimination of sugar we have the full extent of what is wrong in the urine. In the composite type, on the other hand, an additional faulty condition of urine exists. Besides the presence of dextrose there is also a group of products met with, derived from a retrograde tissue metamorphosis. Due to a faulty assimilation of the food carbohydrates in the alimentary type, the sugar reaches the general circulation, giving rise to two conditions: first, loss of food material in an unused state, and, second, injury inflicted by transit of sugar, which acts as a toxic agent. The harm done is in exact proportion to the amount of sugar circulating and the reduction of this toxic agent by proper diet will produce beneficial results, not only by withdrawal of the offending material as such, but it will improve also the general nutrition and thereby act curatively in two ways. Illustrations of this kind we see frequently in patients afflicted with carbuncles, neuritis, cataract, etc.

Formerly sugar was supposed to be derived exclusively from the food carbohydrates. Modern investigations, however, prove conclusively that the process of disintegration is by no means so simple. The carbohydrates in the process of tissue metamorphosis do not break up directly into the end products of carbon-dioxide and water, but they are broken up first into simple principles, and these, by the agency of living matter, become appropriated and built up into living protoplasm which yields the source from which the tissues derive their nutrient material.

Experiments have been performed which show that in the starving animal, rendered diabetic by the ablation of the pancreas, or by the agency of phloridzin, after time has been allowed for all free carbohydrates to disappear, the eliminated sugar is derived solely from tissue disintegration. As in the tissue disintegration the elimination of nitrogen as ammonia or urea goes hand in hand with the elimination of sugar, we can by the amount of nitrogen determine the amount of proteid destruction. It has been found by different observers that so much as 60 per cent. of the disintegrated proteid may pass off as sugar.

In addition to the presence of sugar, derived, as just stated, from the ingestion of carbohydrates and directly from proteid matter in the alimentary type, we have in the composite type another materies morbi, namely the formation of the acetone series. By this series is understood:

B Oxybutyric acid, $C H_3 C H O H$
Diacetic acid $C H_2 C O O H$
Acetone $C H_2 C O C H_3$

From these formulae it can be be seen that the diacetic acid is derived from the oxybutyric acid by oxidation which causes the radicle $C H_3 C H O H$ to be changed into $C H_3 C O$. The acetone is derived from diacetic acid by a substitution of $C H_3$ for $C H_2 C O O H$.

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Acetone, in very small quantities, is sometimes found in normal urine, oxybutyric acid and diacetic acid never. These compounds contain no nitrogen and there are very good reasons to believe that they are derived from the fatty series. Although it is more than likely that the acetone series is derived from fat, it has been shown that there is no constant relation between the ingested fat and the amount of these acids excreted. It is self-evident, therefore, that the composite type of diabetes is a much more formidable trouble than the alimentary type; not only because there is a waste in two directions, but also from the presence of the acetone series, which is partly excreted by the lungs (acetone) and partly by the kidneys (oxybutyric acid, diacetic acid and acetone.)

The alimentary type, as stated, is due to the altered condition of the blood from the presence of sugar (which interferes with nutrition and damages the kidneys); the composite type is due to the presence of sugar *plus* oxybutyric acid, diacetic acid and acetone.

What would be the effect of these acids? In a general way it may be stated that their effects are the same as those of mineral acids; that is, they reduce or neutralize the alkalinity of the blood. It is quite possible that in addition they exert some other influence upon the system, but recent investigations have not verified any such assumption. Work in that direction clearly demonstrates the effects of the acidosis and also that when a certain limit in the quantity of these acids is reached, coma must necessarily follow. I have stated before, and wish to emphasize it again, that in diabetes excessive proteid disintegration goes on. The sulphur and phosphorous of the proteids are oxidized into sulphuric and phosphoric acids, which normally combine with the fixed bases of the blood. But when excessive proteid disintegration goes on, these bases are not sufficient to neutralize the ammonia, set free simultaneously by the proteid disintegration and pass into the urine as sulphate or phosphate of potassium, sodium and ammonia. The quantity of these acids, or rather their salts, in the urine of diabetes is by no means small. Fifty to seventy grams of oxybutyric acid are very often found in the urine, but very much larger amounts, 150-226 grams, have been demonstrated. Regarding diacetic acid no definite methods are known to ascertain it quantitatively, but it is obvious that whatever amount of it is present must add just so much more to the already existing trouble. The alkalinity having been reduced considerably by the presence of oxybutyric acid and diacetic acid, the blood will not be able any more to perform its normal function.

Physiology teaches us that the blood conveys oxygen to and carbon dioxide from the tissues. Carbonate of sodium serves as the chief carrier for the removal of carbon dioxide from the blood. Carbon dioxide forms with carbonate of sodium of the blood bicarbonate of sodium. The bicarbonate being conveyed to the lungs is split up again into normal carbonate and carbon dioxide; carbon dioxide being given off. But when the quantity of carbonate of soda is reduced, not all of the carbon dioxide of the blood is carried away; it accumulates and when in sufficient quantity gives rise to the characteristic

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symptoms of carbon dioxide poisoning. The inspirations become deep and prolonged and the so-called air hunger becomes manifest. If the quantity of carbon dioxide in the blood increases more, coma and death are the necessary consequences.

Theoretical as this mode of reasoning is, it has also a practical bearing. If diabetic coma is produced principally by acidosis (oxybutyric and diacetic) and resulting from it an accumulation of carbon-dioxide in the blood, an artificial supply of alkalies to the blood will overcome the acidosis and prevent an accumulation of carbon dioxide. And indeed experiments prove this to be correct. Large injections (100 grammes) of carbonate of soda have repeatedly overcome marked attacks of diabetic coma, temporarily at least. Of course as long as the primary cause is not removed this tendency to acidosis will remain and subsequent attacks of coma will follow. Magnus Levy reports, however, a case where a girl, 12 years of age, recovered from fully developed coma under the administration of 100 grammes per diem, and showed no further signs of coma during the nine weeks she subsequently remained in the hospital. If the administration of large quantities of carbonate of soda can check, temporarily at least, an attack of diabetic coma, does it not seem reasonable that the repeated administration of that drug in diabetes, before the system becomes saturated with the acetone series, will prevent, or at any rate considerably postpone attacks of diabetic coma? I am strongly convinced that the energetic and persistent use of alkalies in diabetes would be followed by encouraging results and would emphatically suggest their free and continuous use in addition to other remedial and dietetic means. The paramount question, therefore, regarding the management of a case of diabetes is to decide whether it is of the alimentary type or the composite type. If sugar alone is found the case is one of alimentary type; if sugar plus the acetone series are found, it belongs to the composite type.

I shall not detain you here with a recapitulation of the well known methods of detecting sugar in the urine, but simply wish to impress upon you the necessity of using two different methods and verifying one by the other. The detection of the acetone series, however, is a comparatively recent accomplishment, and in order to make the proceeding clear to you I cannot do better than to quote Pavy verbatim:

For the recognition of acetone in urine Legal's nitro-prusside test is the most suitable for clinical purposes. Into a few cubic centimeters of urine a small fragment of sodium nitro-prusside is dropped and a little caustic soda is added. A cherry red color is produced which soon fades. If now an excess of acetic acid be added a carmine red becomes developed should acetone be present.

Diacetic acid is recognized by the port wine color which it gives with a solution of ferric chloride. On adding ferric chloride solution to the urine a white precipitate of ferric phosphate is first thrown down. This may be removed by filtration and the filtrate then further tested with more ferric chloride. For expedition, however, it is usual to go on adding ferric chloride until the precipitate of ferric phosphate is dissolved, when the

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port wine tint is perceptible if any diacetic acid is present. It is necessary to bear in mind that somewhat similar color reactions are given by the urine of persons who are taking antipyrine and salicylic acid, or the products from which salicylic acid is derived in the system. The salicylic reaction has a pronounced violet tone, which is scarcely liable to be mistaken by the practised eye for the reaction of diacetic acid. There is also a purple tone about the color resulting from the effects of antipyrine If doubt should exist appeal may be made to the acetone test, which will give the conjoint reaction where diacetic acid is present and no reaction where the color reaction with the ferric chloride is not due to diacetic acid.

If no reaction is given with the ferric chloride test oxybutyric acid need not be looked for. For the quantitative determination of oxybutyric acid Pavy's description is too c mplicated for the ordinary physician. I may state briefly that the method is based on the fact that sugar in diabetic urine turns the polarized light to the right and oxybutyric acid turns it to the left. The amount of rotation as shown by the polarimeter is the difference between the right handed and left handed polarization. If then the amount of dextrose is ascertained by the cupric oxide reduction we can figure out the amount of levulose (oxybutyric acid) by the difference obtained by the polarimeter.

The prognosis in diabetes of course depends upon the type. In the alimentary type the prospects are not nearly as bad as in the composite type. It will depend on the age, the power of assimilating carbohydrates, duration of sickness, complications, etc.

In children the prognosis is almost always bad; the younger the patient and the more sensitive the nerve organization the greater the proneness for the disease to run on speedily into the composite type. Up till a few years ago diabetes in children was considered a comparatively rare disease. It has been shown, however, that that view is a very erroneous one, and the failure to recognize it oftener is simply due to a failure on the part of physicians to look for it. Examination of urine is a subject far too much neglected by the general practitioner and grave mistakes in diagnosis are the inevitable result. I shall not attempt to give statistics as to the frequency of diabetes, nor shall I dwell on the peculiar predisposition the Irish and the Jewish race have to that disease. A look into any modern text-book will throw sufficient light upon these questions.

Very little is know positively regarding the pathology of diabetes. W. Howship Dickinson finds that the most frequent morbid appearance is extravasation of the blood in the perivascular canals of the brain, which become enlarged. In the cord a dilatation of the central canal is found and also a peculiar hyaline modification in the lateral parts of the gray horns. Evidences of degeneration of the posterior columns were noticed by R. T. Williamson. The liver is large, red, hard and congested, and the veins contain coagula. Peripheral neuritis, very often found in diabetes, is very probably the result of the toxemia. A remarkable phenomenon is the excess of phosphates, especially of phosphate of lime, found in diabetic urine. The

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heart very often shows marked hypertrophy and arterio-sclerosis is a common symptom. The pancreas shows a marked increase of connective tissue, resulting in atrophy and thickening of the capsule. The kidneys undergo certain changes. A certain amount of albumen appears in the urine and granular and hyaline casts become discoverable, leading often to well marked Bright's disease.

The most important part of this subject is, of course, the treatment. Bearing in mind the classification of diabetes by Pavy, which I have adopted, into the alimentary and into the composite type, our treatment naturally would differ according to whether we have to deal with the one or the other. The treatment in the alimentary type is largely, if not exclusively, a dietetic one. With a reduction or with a total disallowance of carbohydrates the sugar, in the urine of diabetics suffering from the alimentary type, sometimes disappears in a surprisingly short time. In order to select a proper diet for our diabetic patients we meet, however, very often with great difficulties. It has been my experience that no fixed dietetic rule is applicable in all cases. Different authors have suggested and outlined bills of fare, and have even specified the quantities of each food article, but our daily experience shows us that such a diet after awhile fails to check the secretion of sugar or becomes distasteful to the patient. In a general way it may be stated that if a non-carbohydrate diet reduces or diminishes the presence of sugar in the urine and if such diet agrees and does not become distasteful to the patient, such a diet should be continued. Otherwise it is our duty to change our directions and prescribe a mixed diet. The exact quantities of carbohydrates, including a liberal amount of fat, allowable in such cases, must be determined experimentally and the excretion of sugar under such modified diet watched carefully.

Mosse performed a number of experiments which led him to the following conclusions in regard to the great value of potatoes as a substitute for bread in diabetes and its complications: Ingestion of 2.2 to 3.3 pounds of potato, for several successive days, will usually reduce the thirst and the amount of sugar in urine and cause general improvement. This effect has been attained in 23 out of 24 cases. The potatoes can be cooked in any way, but when baked with butter they are usually relished most. The much advertised gluten flour and breads of different manufacturers are unreliable and contain from 15 to 50 per cent. of starch.

P. Cattaert experimented with dried yeast and seemingly obtained good results, showing a diminution in the quantity of urine and sugar. He even stopped gangrene of one toe (due to diabetes) and the lesions of the leg healed completely. Very frequently, oftener than it is usually accepted, proteid feeding is overdone in this disease and it often happens that the sugar decreases by cutting down the proteids.

In the composite type a regulation of diet as mentioned for the alimentary type very often also will reduce (not remove entirely) the amount of sugar and sometimes cause a reduction or diminution of the acetone series. The best we can expect in such cases by dietetic means is to keep the patients inside

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the danger line, sometimes for years; eventually, however, the excretion of sugar and of the acetone series will go on until coma supervenes and death ensues.

Regarding the medicinal treatment, I again would emphasize the free and prolonged administration of alkalies, preferably carbonate of soda, the modus operandi of which I have dwelt upon at the beginning of my paper. A persistent introduction of this drug into the circulation is bound to neutralize the oxybutric and diacetic acids and change them into comparatively harmless compounds. You all are familiar with the uses of opium or codeia, with bromide of potassium, the arsenite of bromine, or arsenic alone, with antipyrine, salicylates, iodoform, nitroglycerine, strychnine, creosote, lactic acid, etc. They all may be useful at times, but they certainly are all very inferior to dietetic regulations or to the administration of alkalies. Gelatin administered internally has recently been tried with seemingly good results in the alimentary type. Fifteen grams have been given a day, added to soups, or eaten as a jelly.

I am well aware that I have touched only very superficially upon the subject of diabetes, and have left out a great deal that would be of interest in this connection; but the time at my command forces me to select only such points as help to illustrate the etiology and treatment.

Practical Uses of Omentoplasty.

Having to deal with a large gastric ulcer, Hermes, (quoted in Interstate Medical Journal, January 1902) found after his sutures carefully applied tore out, that there was nothing to do but to sew the omentum to the edges of the stomach wound. The result was as good as if the stomach wall had been closed in the usual way. He had similar success in a case of pyloric carcinoma adherent to the abdominal wall, where a six-centimeter rent complicated the separation of adhesion. A most remarkable case was that in which a large cystic tumor was removed from the pouch of Douglass; here was found a large perforation into the rectum, situated too deeply for suturing. It was covered with omentum, over which a gauze pack was placed, and there was healing without a fistula resulting.

General Rules for Feeding Young Children.

The following valuable rules for feeding young children are laid down by W. Gilman Thompson in his "Practical Dietetics:"

1. Allow time for meals.

2. See that the food is thoroughly masticated.

3. Do not allow nibbling between meals.

4. Do not tempt the child with the sight of rich and indigestible food.

5. Do not force the child to eat against its will, but examine the mouth, which may be sore from erupting teeth; and examine the food, which may not be properly cooked or flavored.

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THE CORSET AND PULMONARY TUBERCULOSIS

By ALBERT ABRAMS, M.D.
San Francisco, California

Read before Oregon State Medical Society, Portland, September, 10, 1902

This brief communication has been inspired by the remarks made by Dr. Cobb at a recent meeting of the Multnomah County Medical Society, on a paper read by the President of that Society, Dr. J. T. Walls, on "Recent Observations on the Management and Treatment of Pulmonary Tuberculosis." Dr. Cobb is an acute observer, and his observations merit much consideration. With the report of the Secretary, as published in *The Sentinel,* for guidance, I conceive the contention of Dr. Cobb to be made up of the following:

1. Strapping of the lower chest in tuberculosis is an unscientific procedure, for the reason that such strapping cannot and will not force the air into the upper lung.

2. The air sacs are always distended with air, and forced breathing or ballooning the lungs retards the exchange of oxygen with carbon dioxide.

3. The tubercles are products formed between the air sacs, and not in them, and the breathing air cannot reach them unless they have softened and communicated with a bronchiole.

4. That strapping of the lower chest, as advocated by myself, subserves no better purpose than the corsets of women, and finally that I could give no satisfactory reply to his question, why tuberculosis in women was not prevented by the donning of stays.

His first contention, if subjected to the overwhelming evidence elicited from careful observation, is, in my judgment, incorrect. Strapping of the lower chest will balloon the upper and unrestricted areas of lung tissues, and this ballooning effect on the lung apices becomes more apparent if the strapping is carried up high enough. The proof of such ballooning is made evident by two methods of procedure, viz: by careful auscultatory percussion and by measurements made while the Roentgen rays are traversing the chest. The latter is the more accurate of the two maneuvers.

His second contention, that the sacs are always distended with air and that lung ballooning will retard the exchange of carbon dioxide and oxygen, admits of much discussion. Among the apodictic utterances of the physiologist which have been disproved by the Roentgen rays one, that is as conspicuous any any, is that relating to the permanent stretched condition of the air sacs. This physiologic dictum may be true in relation to primeval man, but civilized man has so subverted primeval respiration by attire and modes of living that what is now regarded as physiologic is absolutely pathologic. The lungs do not even in

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a state of health fully occupy the thoracic cage, and careful percussion will elicit over almost any chest circumscribed areas of lung dullness or even flatness, areas which I have called *atelectatic zones*. Such areas may involve an entire apex, or even a lung lobe. There is no individual on whom percussion of the lungs is executed who will not show increased lung percussional resonance after forced deep inspirations. These observations have been confirmed by many notable clinicians, and it is safe to conclude that the lungs are not in a permanently stretched condition if we select the clinicist and not the laboratory investigator as our mentor. Ballooning of the lungs does not retard the exchange of oxygen with carbon dioxide. This positive statement I am able to fortify by facts which tend to demonstrate that by ballooning the lungs notably the apices, respiratory activity in such specific areas is augmented. Two simple proofs of such contention are here submitted: stethographic measurements and auscultation. Chest measurements as carried out in the conventional manner are notoriously subject to error, and for this reason I employ the following maneuver which, for simplicity and accuracy, cannot be duplicated by our present methods of stethometry. I place the patient in a darkened room with a single light, which is so manipulated that, when it falls on the chest, a silhouette of the latter is projected on to a square of ground glass which is held by a support to the side of the patient. With the aid of a piece of chalk I can trace on the ground glass the respiratory excursions, and measure accurately differences in inspiration and expiration.

When the lower chest is strapped and such measurements are made, it will be noted that the respiratory excursions in the upper chest are greatly augmented, when compared with the tracings made before the lower chest is compressed by aid of a rubber bandage. Auscultation will show that respiratory activity in the ballooned area is likewise increased after strapping of the lower chest is done. With the aid of my stethophonometer I am able to gauge the intensity of the respiratory murmurs, and this instrument demonstrates that the lung ballooning process doubles the intensity of the vesicular murmur. It must not be assumed that lung ballooning creates a condition tantamount to emphysema of the lung, whereby lung elasticity is compromised. With the aid of the *lung reflex of dilatation* which I have described elsewhere and the *lung reflex of contraction*, the details of which are to be published shortly, I am able to say positively that lung ballooning does not implicate lung elasticity.

His third contention is manifestly wrong. The interalveolar formation of tubercules is not nearly as common as the alveolar formation. The most common history of lung infection in tuberculosis is the development of a diffuse broncho-pneumonia, which means the presence of the retrograde inflammatory products in the ultimate ramifications of the bronchial tree. Concentrated currents of air conveyed to such pathologic areas by means of the cabinet or respiratory exercises is tantamount to gastric lavage, and the evanescence of the inflammatory products may easily be controlled by the ordinary clinical methods of physical examination. Air conveyed to a tuber-

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culous area is no less efficient in therapeutic results than is laparotomy in peritoneal tuberculosis. Let us even assume that the contention of Dr. Cobb is correct, and that the tubercles are immune to aerial invasion. The good effects achieved in tuberculosis by compressed air are not wholly due to mechanic action, viz: dilatation of collapsed lung areas, readmittance of air and the expulsion of products due to retrograde metamorphoses. There is also a prophylactic factor involved, and that is the creation of a vicarious emphysema contiguous to the tuberculous area. Next to a lung inundated with fresh air an emphysematous lung offers the greatest resistance to tuberculous invasion.

His final question is, if strapping of the lower chest conduces to development of the pulmonary apices, why do women who wear corsets succumb to tuberculosis? It is true that, up to the 35th year, the mortality in females from phthisis is greatly in excess of the male rate. The factors involved in this excessive mortality among females owe. their origin, no doubt, to diminished resistance evoked by an indoor life, pregnancy and lactation. Corset-wearers nearly always show an expanded and mobile upper thorax. This does not necessarily signify that the upper lung area shows increased respiratory activity. It may, and often does, signify diminished lung development, and that the suppositious lung activity is nought else but a compensatory action of the auxiliary muscles of respiration contending against respiratory embarrassment, for it is a recognized fact that such muscles are only called into activity in dyspnoeic conditions. Assuming that the corsets are worn low enough to simulate the action of a rubber bandage applied to the lower chest, even then we are confronted with the fact that whatever good is achieved is dissipated by the other accoutrements of some women and young girls, which necessitate the employment of the shoulders as means of dress support. Here one force contends against another, and forces acting in opposite directions the resultant is the difference between the given forces and the motion is produced in the direction of the greater force. Another and most cogent factor which must be regarded in this connection is the height to which corsets are usually worn, a fact which determines the points of election and paths of distribution of the lesions in chronic pulmonary tuberculosis. While the lung apex is the primary site of the disease in the largest number of cases, there is another site which is only secondary to the apex itself in reference to susceptibility of invasion, and that is the upper posterior part of the lower lobe, which may be roughly indicated on the chest at a point opposite to the fifth dorsal vertebra, midway between the vertebral border of the scapula and the vertebrae, a region where it must be conceded respiratory activity is most impeded in corset-wearers. I am in possession of no evidence which would ascribe to this site the point of election of tuberculous infection in women, although in looking over my histories I find this to be a very vulnerable locality in phthisical women.

I trust that I have made my contention clear, viz: that between strapping the lower chest and the corset, there is no analogy.

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MEDICAL SOCIETIES

Oregon State Medical Society.

The annual meeting of the Oregon State Medical Society was held in the Portland Library Building, September 10th and 11th, 1902. Like all the late meetings of this progressive association, it was a most pleasant and profitable one.

The following excellent programme was carried through without a hitch or an instant's flagging of the interest.

Owing to the unfortunate breakdown of the official stenographer, a more detailed report of the proceedings is not at present available. As, however, the principal points of interest have been noted in the editorial gossip, or commented upon editorially and a large majority of the papers read promised for publication, we feel that everything of moment has or will be placed before our readers.

Wednesday, September 10.

Call to order 9 A. M. by the President, Dr. C. J. Smith, Pendleton, Ore.

Address of Welcome—Hon. G. H. Williams, Mayor of the City of Portland.

Infectious Diseases.

The Method of Spread—Dr. J. O. Cobb, U. S. M. H. Service.

Milk and Meat as Factors in Infection—E. N. Hutchinson, D. V. S., U. S. Inspector, Portland.

Diagnosis of Variola—Dr. J. C. Zan, City Physician, Portland.

Prophylaxis of Variola—Dr. C. A. Cordiner, City Physician, Astoria.

Past and Present in Diphtheria—Dr. C. H. Wheeler, Ex-City Physician, Portland.

Afternoon Session.

Typhoid Fever.

Modern Methods of Diagnosis—Dr. A. E. Mackey, Portland.

General Treatment—Dr. Holt C. Wilson, Portland.

Experiences in Military Camps at Vancouver and Cape Nome, Alaska—Major Ebert, U. S. A., Vancouver.

Experiences in the Philippine Islands—Dr. Herbert C. Cardwell, Portland.

Surgical Complications—Dr. A. C. Panton, Portland.

General Discussion.

The General Treatment of Pulmonary Tuberculosis—Dr. E. P. Hershey, Denver, Colo.

The Out-Door Treatment of Tuberculosis—Dr. Harry Lane, Portland.

General Discussion.

Evening Session.

Acute Rheumatism, Complications and Treatment—J. S. Kloeber, Green River Hot Springs, Wash.

Discussion opened by Dr. J. R. Yocom, Tacoma, Wash.

Diabetes, Etiology and Treatment—Dr. O. S. Bingswanger, Portland.

Discussion opened by Dr. Woods-Hutchinson, Portland.

Tuesday, September 11th.

Morning Session.

Psychiatry.

The Diagnosis of Sanity—Dr. J. Allen Gilbert, Portland.

Was Harry Tracy Insane?—Dr. Henry Waldo Coe, Portland.

Congenital Mental Degeneration—Dr. Robert L. Gillespie, Portland, (By title).

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The Treatment of Insanity—Dr. W. T. Williamson, Salem.

The Treatment and Pathology of Major Epilepsy—Dr. Wm. House, Pendleton.

Discussion, opened by Dr. S. E. Josephi, Portland.

Report of Chairman of the Executive Committee—Dr. J. F. Dickson, Portland.

Report of Chairman of the Committee on Constitution and By-laws—Dr. G. F. Wilson, Portland.

Adoption of Constitutuion as amended.

Election of officers.

Afternoon Session.

The Surgical Treatment of Goitre—Dr. Andrew C. Smith, Portland.

Observations on Perineal Prostatectomy (By title)—Dr. Wm. Jones, Portland.

Studies in Empyema with Proposed New Operation—Dr. K. A. J. Mackenzie, Portland.

A New Method of Treating Pott's Fracture (By title)—Dr. Geo. F. Wilson, Portland.

Early Diagnosis of Cancer of the Uterus (by title)—Dr. Wm. H. Skene, Portland.

A New Method of Surgical Treatment of Gastroptosis—Dr.Robert C. Coffey, Portland.

Paraffin and Vaseline Injections in the Correction of Deformities—Dr. E. DeWitt Connell, Portland.

Appendicitis.

Medical Aspects—Dr. Woods-Hutchinson, Portland.

Diagnosis—Dr. K. A. J. MacKenzie, Portland.

Surgical Treatment—Dr. Andrew C. Smith, Portland.

Surgical Technique—Dr. Geo. F. Wilson, Portland.

Surgical Complications—Dr. A. J. Giesy, Portland.

Prognosis—Dr. Jacob A. Fulton, Astoria.

General Discussion.

Seretary's Report.

Treasurer's Report.

Miscellaneous Business. ,

X-Ray Demonstration at Good Samaritan Hospital—Dr. Geo. E. Houck, Roseburg.

Banquet at Hotel Portland.

The following were in attendance:

Visitors.

Dr. E. P. Hershey, Denver, Colo.
J. T. Miller, Holdrege, Mich.
D. L. McNeer, Baltimore, Md.
J. B. Eagleson, Seattle,
J. R. Yocom, Tacoma.
Grant S. Hicks, Tacoma.
Park Weed Willis, Tacoma.
J. S. Kloeber, Green River Hot Springs.
J. W. Bean, Ellensburg.
J. Ballard, Kelso.
J. S. Knowles, Bremerton
A .F. Hixon, Vancouver.
F. W. Hilscher, Spokane.
J. M. P. Chalmers, Vancouver.
H. E. Watkins, Cosmopol's.

Members and local visitors.

Dr. W. H. Byrd, Salem.
W. D. McNary, Salem.
E. A. Pearce, Salem.
W. B. Morse, Salem.
C. H. Robertson, Salem.
C. J. Smith, Pendleton.
Wm. House, Pendleton.
J. A. Fulton, Astoria.
R. J. Pilkington, Astoria.
F. W. VanDyke, Grants Pass.
W. H. Flannagan, GrantsPass.
L. T. Linklater, Hillsboro.
J. P. Tamiesie, Hillsboro.
C. S. White, Gervais.
W. L. Dumble, Hood River.
T. J. Marks, Halsey.
J. S. Courtney, Dayton.
F. C. Brosius, Hood River.
A. C. Schraeder, Cascade Locks.
G. E. Houck, Roseburg.

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J. E. Hall, Clatskanie.
J. A. Geisendorffer, The Dalles.
G. W. Grigg, Wallowa.
I. U. Temple, Enterprise.
C. H. Newth, Philomath.
E. E. Ferguson, The Dalles.
E. A. Zimmer, Oregon City.
M. H. Ellis, Albany.
W. E. Carll, Oregon City.
R. A. Cathey, Corvallis.
G. W. Tape, Hot Lake.
J. M. Short, Gresham.
H. E. Beers, Wasco.
W. C. Smith, Turner.
E. W. Rossiter, Woodburn.
E. Ross, St. Helens.
E. C. Dalton,
H. B. Johnson.
G. Wall, Cottage Grove.
N. E. Winnard, Albany.

Portland: W. F. Amos, Sarah Whiteside, W. H. Skene, J. G. McElroy, Amelia Ziegler, J. A. Gilbert, Henry Waldo Coe, H. W. Moore, W. R. Simmons, E. P. Geary, J. M. Batchellor, M. Fried, R. L. Gillespie, S. E. Josephi, M. Kirkpatrick, J. A. Pettit, E. N. Wilson, A. H. Johnson, A. J. Giesy, J. H. Bristow, F. Gullette C. E. Hall, Holt C. Wilson, A. E. Mackey, L. H. Hamilton, Thos. Parker, T. C. Humphrey, H. W. Cardwell, P. R. Crosswait, H. I. Keeney, L. V. Hampton, W. O. Manion, F. R. Madison, W. H. Saylor, E. DeWitt Connell, Andrew C. Smith, F. N. Brooke, R. Kelly, Geo. F. Wilson, C. H. Wheeler, J. T. Walls, E. L. Irvine, Elsie Deputy Patton, L. A. Shane, T. W. Barrett, E. W. Pohl, A. W. Chance, J. W. Morrow, E. P. Tucker, J. D. Fenton, Sarah M. Hill, R. Nunn, J. M. McGavin, Kitty P. Gray, S. Loeb, E. H. Schnauffer, J. C. Zan, A. D. Walker, W. H. Boyd, K. A. J. Mackenzie, John M. Brooke, Ethel L. Gray, L. Buck, O. S. Binswanger, H. R. Biersdorf, A, Tilzer, A. C. Panton, J. J. Panton, Florence S. Manion, Harry Lane, R. P. Chambers, G. E. Watts, Wm. Jones, R. J. Marsh Woods-Hutchinson, C. E. Hawke, E. J. Labbe, W. F. Hubbard, Edna D. Timms, R. J. Chipman.

Use and Abuse of Digestive Ferments.

Hemmeter, (Med. News, June 7, 1902) states that the cause of much irritation prescribing in gastric and intestinal diseases is the lack of a correct or logical diagnosis. This can be accounted for by the fact that pepsin and pancreatin are by-products of the large meat syndicates and can be made a source of income if doctors can be duped into using them. What should be done is to train the glands to a better activity by physical methods and the use of physiologic dietetics and when ferments are continually administered the stomach gets lazy, and refuses to do that which is being done for it. It may be taken for granted that whenever free HCl is present in a test meal pepsin in sufficient quantities must be present also. In regard to pepsin on the market, it may be said that all wines are inefficient and some preparations contain ingredients, as pepsin and pancratin, that cannot act in the same medium. There is rarely any indication for pepsin, as when HCl is absent there is usually plenty of pepsinogen, which only needs some HCl to convert it into pepsin. Pancreatin is completely destroyed in the stomach when HCl is present, leaving but one indication for pancreatin; that is, complete absece or permanent deficiency of HCl and enzyme formation in the stomach. Experiments and experience have shown that when pancreatin is given in these cases the best effect is produced by giving bicarbonate of soda at the same time. —Charlotta Med. Journal.

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EXTRACTS

PTOMAINE POISONING.

(Reprint from The Medical Summary May, 1902.)

To the Editor of the Medical Summary:

During the past summer I had, perchance, more cases of ptomaine poisoning than in all my previous twenty-nine years of active practice. I presume that the prevalence was greatly due to the extraordinary heat of the summer. Notwithstanding the severity of the cases, my patients all recovered.

Before entering into a detailed description of some of the most severe cases, a defination of the word "ptomaine," with some views of competent authors, will be well placed here.

"Ptomaine," says V. C. Vaughn, "may be defined as an organic chemical compound, basic in character and formed by the action of bacteria on the nitrogenous matter." He further states that "some fish are always poisonous. Others are poisonous, or at least markedly so, only during spawning season. Still others are subject to epidemic bacterial diseases, and those affected with certain of these diseases furnish flesh that is toxic to man, or in other words, the bacterial disease is transmitted to man with his food. Lastly, fish, like other kinds of meat, may become infected with saprophytic germs that may harm man."

Schmidt says: "The poisonous substance is not distributed throughout the animal, but is confined to certain parts. The poisonous portion cannot be distinguished from non-poisonous, either macroscopically or microscopically."

I treated altogether twelve cases, of which nine were fish, and three lobster poisoning.

The best illustration of a severe case of fish poisoning, is the case of William R., a grocer, thirty-two years of age, of robust and good health. He made his lunch of fish (none in the family could give me any information about the class of fish). It was an unusually hot day, in the month of July. He felt no discomfort until after midnight that day, when he was awakened by nausea and griping pains in his bowels. Soon vomiting set in of mucus, colored with bile. When I was summoned, I found the man with cold perspiration pouring down his face. Soon after, fever set in to a temperature of 102; pulse, 140; respiration about 40, shallow and irregular. Pain in the stomach and intestines, with great sensitiveness on pressure. I proceede dto wash his stomach and large intestines, administering right after a dose of five grains of calomel, following it up, the coming morning, with a bottle of citrate of magnesia, for the cleansing of the small intestines. Morning's temperature, 101; pulse 130; with excessive tenderness to the digestive tract. Second day, temperature the same, pulse more firm; sensitiveness to stomach and bowels diminished; having had a number of watery stools during the previous day and night. I prescribed an antiseptic intestinal wash, Glycozone, two ounces, hot water, twenty-four ounces, for mornings and evenings. At my evening's call the temperature was 100; pulse, 110; respiration, 28. Having had some favorable experience with the internal use of Glycozone in acute gastritis, I then prescribed a teaspoonful to be given, di-

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luted with water, every three hours. This treatment was kept up for a week, until all unfavorable symptoms disappeared.

The other case of serious nature was a lobster poisoning. Mrs. M. S. about twenty-five years of age, was eating a "fresh" lobster in a first-class restaurant, at night, after a theater performance. She felt some discomfort right after eating it, but thought to counteract it by drinking a big dose of whiskey. She slept all night without disturbance. However, in the morning, when I was summoned, I found her suffering from nausea, vertigo, ringing in the ears, "like big bells," as she expressed it, pain in all the joints, and griping in the bowels; no stool. Temperature, 101.5; pulse, 140; respiration, 36. The same treatment as above was prescribed, and the woman made a quick recovery.

All other cases were treated similarly, with gratifying results.

However, taking good advice from my case, I started with the antiseptic treatment at once, as I don't know of any better remedy to stay vomiting than Glycozone.

ALEX. RIXA, M. D.
New York.

A Contribution to the Treatment of Gonorrhea.

By Dr. H. Niessen, Surgeon to the Royal Second Infantry, Munich...

From October 1899 to September 1900 I had under treatment at the Garrison Hospital at Munich 236 cases of gonorrhea. In the acute form of the disease the following method was employed: During the first two weeks two injections of 10 C. cm. of a a one-half per cent protargol solution were made daily, each being retained for ten minutes in the urethra. At night before retiring a third injection was made, which was retained for 20 minutes. They were carried out simultaneously by all the patients in the ward under the supervision of a nurse. In a few instances of marked inflamation and profuse suppuration the injections were not immediately begun. After two weeks I increased the strength of the protargol solution from one-half to three-quarter per cent. The general management of patient was given careful attention. During the entire acute state I ordered strict rest in bed, with elevation of the penis, and applications of ice or lead water, these being kept up for 10 to 14 days. The diet was as bland as possible, that is farinaceous foods, no meats with the exception of preserved veal, and an abundance of milk, up to one and one-half litre daily. The diet and rest in bed were maintained in cases of not too protracted duration until the secretion became scanty, serous or mucous, and free from gonococci. Not until then was a more stimulating diet permited containing more meat and bread, and the patient allowed to get up in the afternoon. As soon as the gonococci had disappeared from the secretion the local treatment was changed, the protargol being replaced by astringents, and especially the acetate of zinc. This change was usually resorted to after three to four weeks. When the secretions had entirely ceased the patients were permitted to remain out of bed the entire day under an ordinary diet with beer, for a week, during which they were kept under strict supervision, all medication being omitted during the last four days. If at the end of this time all discharge had ceased the patient was dismissed as fit for service.

1. The patients suffered from their

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first attack as determined objectively as well as subjectively.

2. The condition present was acute anterior urethritis of short duration. Cases whose microscopic picture pointed to a more chronic affection were not admitted to these statistics, even though the patients protested that the disease was recently acquired.

These 99 cases in which the protargol treatment was carried out presented the following course:

1. In 65 cases, i. e., 65.66 per cent. the process remained localized to the anterior urethra, and required on the average 36.7 day's treatment. The shortest period of treatment was 18 days; the longest 77 days. In 57 cases data are at hand regarding the time of disappearance of the gonococci from the discharge under an exclusive protargol treatment. On the average they disappear after 17.6 day's treatment. In 16 cases their disappearance was simultaneous with that of the discharge.

2. In 34 cases, 34.34 per cent., the disease did not remain confined to the anterior uretha, but complications occurred. The period of treatment on the average was 58.85 days. As already stated, none of these complications were present before the initiative of treatment. In 29 cases there was an extension of the gonorrheal process to the posterior urethra, this usually occuring during the fourth week, and being unattended with any acute symptoms, except in one instance.

In 13 cases there was irritation of the bladder or cystitis, usually of slight character. In five cases an epididymitis developed during the treatment from the 6th to the 21st day.

If we summarize the results obtained in these 99 cases they will show that the average period of treatment was 34.31 days. If it be asked whether the expression "fit for service" meant cured, I would reply that it does from a practical point of view. As a rule, both in private and hospital practice the treatment is terminated when the secretion and tripperfaden have disappeared.

A criterion for estimating the completeness of the cure in the above 99 cases is furnished by thenumber of recurrences, four cases, occurring during the 8th, 21st, 23rd, and 28th days respectively.

The following represent my conclusions on the protargol treatment.

1. Protargol causes a disappearance of the gonococci from the secretion in acute anterior urethritis in about the same time as nitrate of silver (average, end of third week).

2. In one-half and three-quarter per cent. solution it produces practically no discomfort.

3. While it is not capable of preventing extension to the posterior urethra or other complications, it is safer than nitrate of silver.

4. In the mucous and serous stages of gonorrhea in which the gonococci are no longer present astringents act better than protargol.

5. The period of treatment has not been materially abridged by the introduction of protargol. Muenchener Med. Wochenschrift.

Dr. Enrique Angles,

Physician and surgeon of the University of Havena, certifies that he has used Antiphlogistine in his practice and can affirm that it is excellent for all classes of diseases in which it is necessary to relieve blood tension. It produces no irritation, nor toxic condition, and is sure and lasting in its effects.—Given in Havena, May 22, 1902.

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BOOK REVIEW

Electro-Therapeutics. A ready reference guide for physicians in the use of electricity. 7th edition, revised, rewritten and greatly enlarged. By C. S. Neiswanger, Phs. M. D., Author of Suggestion and Electro-Therapeutics and Professor Electro-Therapeutics, Chicago Medical College, President School of Electro-Therapeutics. Member of A. M. A. E. H. Colgrove & Co., Chicago, 1902.

The fact that this is the 7th edition which has been published is sufficient evidence of the favor with which this work on electrotherapeutics has been received by the professional generally. Radio-Therapy and Radiography are given a higher place in the book than in the former edition. The author in the present edition deemed it advisable to deal with this subject in a conservative manner, not dwelling on the claim of ultra possibilities which some of the earlier operators claimed for it. One feature of great value in the present book is that it teaches plain facts and gives simple rules, so that one does not need to be familiar with all the technical terms which have been invented by scientific electrotherapeutists, to understand what is being described.

The Disease of the Nose, Throat and Ear, by Charles Provost Grayson, A. M., M.D., Lecturer on laryngology and rhinology in the medical department of the University of Pennsylvania. Illustrated with 129 engravings and 8 plates in colors and monochrome. Publishers, Lea Brothers & Co., Philadelphia and New York, 1902.

Throughout the entire book the author has constantly kept in mind the intimate relation which exists between diseases of the ear and those of the naso-pharynx, and has succeeded in applying to them all, both as regards diagnosis and treatment, broad underlying principles. This greatly simplifies the entire subject. Again, instead of giving in a perfunctory sort of manner, the name of every drug or appliance that has been found useful in any given diseased condition, he outlines very fully that procedure which has been found to be of most value, giving also in detail any variations that are necessary to meet complications. The book is very well bound and profusely illustrated.

Dudley's Gynecology. A treatise on the Principles and Practise of Gynecology. By E. C. Dudley, A. M., M. D., Professor of Gynecology in the Northwestern University Medical School, Chicago. New (3d) edition. Enlarged and thoroughly revised. In one handsome octavo volume of 756 pages, with 474 engravings, of which 60 are in colors and 22 colored plates. Cloth, $5.00 net. Leather, $6.00, net. Half Morocco, $6.50, net. Lea Brothers & Co., Philadelphia and New York.

The first and second editions of this book, followed so soon by the third, shows the evident popularity which it has obtained as a text-book among teachers and students. Dr. Dudley has been successful in producing a book of convenient size and form, which presents the subject of gynecology in a very full and complete manner as far as our knowledge goes and yet divested and shorn of many details which now can only be of historical interest. This last edition has

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been with advantage condensed in some ways, while some chapters have been entirely rewritten, and much more added to them. The new illustrations certainly add much to the book. We regret however that the author in some places still clings to a clinical classification of some diseases, as of chronic endometritis, although the nomenclature which he has adopted would indicate an et ological one. It has always seemed to us that gynecology has advanced more rapidly from a clinical stand-point than from any other, so that anatomy, physiology and pathology have been obliged to lag behind.

We can, however, heartily recommend Dudley's Gynecology, as a safe, practical text-book.

Saunders' Medical Hand-Atlases. Atlas and Epitome of Traumatic Fractures and Dislocations. By professor Dr. H. Helferich, Professor of Surgery at the Royal University, Greifswald, Prussia. Edited, with additions, by Joseph C. Bloodgood, M. D., Associate in Surgery, Johns Hopkins University, Baltimore. From the fifth revised and enlarged German edition. With 216 colored illustrations on 64 lithographic plates, 190 text-cuts, and 353 pages of text. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $3.00, net.

This worthy addition to Saunders' Series of Hand-Atlases will be found of inestimable value in facilitating the student's introduction to the important department of fractures and dislocations, and as a ready reference book for the use of physicians in general practice. This department of medicine being one in which, from lack of practical knowledge, much harm can be done, and which in recent years has developed great importance, a book accurately portraying the anatomic relations of the fractured parts, together with the diagnosis and treatment of the condition, became an absolute necessity. The work before us fully meets all requirements. As complete a view as possible of each case has been presented, thus equipping the physician for the appearances, that he will meet with in practice.

The author has brought together in this work a collection of illustrations, unrivalled for accuracy and clearness of portrayal of the conditions represented, showing the visible external deformity, the X-ray, the anatomic preparation, and the method of treatment. We have no doubt that the book will be received with the favor it demands, filling, as it does so admirably, a want long felt.

The Practical Medicine Series of Year Books, comprising ten volumes on the years' progress in medicine and surgery. Issued monthly under the general editorial charge of Gustavus P. Head, M. D., Professor of Larynxology and Rhinology, Chicago Post Graduate School. Vol. VII Pediatrics and Orthopedic Surgery. Edited by W. S. Christopher, M. D., John Ridlon, A. M., M. D. Samuel J. Walker, A. B., M. D. The Year Book Publishers, 40 Dearborn street, Chicago. July 1902. Price $1.25; Price of the series $7.50.

We would call special attention to the chapters devoted to the infectious diseases of childhood as given in this volume, including tuberculosis, syphilis and bronchial infections. The growth and development of the infant, with especial reference to the remote effects of failure to freely develop are clearly and forcibly dwelt upon. The chapter on orthopedics gives in detail the important advances made both in

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orthopedic surgery and in orthopedic apparatus.

The Practical Medicine Series of Year Books, comprising ten volumes on the years' progress in medicine and surgery. Issued monthly, under the general editorial charge of Gustavus P. Head, M. D., professor of Laryngology. and Rhinology. Chicago Post Graduate Medical School. Vol. VIII. Materia Medica and Therapeutics; Preventive Medicine; Climatology; Forensic Medicine. Edited by George F. Butler, Ph. G., M. D., Henry B. Favill, A. M., M. D., Norman Bridge, A. M., M. D., Harold N. Moyer. The Year Book Publishers, 40 Dearborn street, Chicago. June 1902.

This volume contains chapters in materia medica and therapeutics, preventive medicine. While not pretending to give exhaustive treatises on any of these subjects, on the whole they are treated of quite freely and fulfill the objects of the authors in preparing a reference work, comprising the advances that have been made in these particular branches.

A Physicians' Practical Gynecology; By W. O. Brown, M. D., Professor of Gynecology in the Creighton Medical College, Omaha, Neb. First edition; 226 pages, 5 full page illustrations and 61 illustrations in the text. Price, cloth, $2.00. Lincoln, Neb., The Review Press. 1902.

Gynecological subjects, in company with nearly every other subject in medicine, are being continually rehashed and placed in different colored bindings, and handed out as it were, to the profession. In nearly every case the same old impracticable and obsolete classifications, cuts, and anatomical errors survive.

In Henry's short work, however, more of this is eliminated and new trutsworthy material added than in any recent published work with which we are acquainted. It is a short practical work, concise and accurate, and admirably suited to the wants of both student and practitioner.

The Eclectic Practice in Diseases of Children, for Students and Practitioners, by William Nelson Mundy, M. D., 12 mo., 631 pp., cloth, $2.50, net. The Scudder Brothers Co., Publishers, Cincinnati, Ohio.

This is one of the latest books published on Eclectic Medication of Children. Its classification and subdivisions are modern. Obsolete remedies are omitted and new and effective remedies take their place. It is in fact a manual on "Diseases of Children," based on the Electic system of therapeutics, according to the modern and approved Electic practice.

Prostatitis.

When your patient cannot retain his urine without difficulty, after having been treated for gonorrhoea some months before, and especially if he has a little mucopurulent drop at the meatus on arising in the morning, you know that he probably has prostatitis. In addition to your local treatment (if you regard such treatment necessary) give him five grains of Cystogen every three or four hours. This will disinfect his urine and his entire urinary tract, and will cure many cases without local treatment. In obstinate cases it is wise to milk the prostate every five days. Irrigation from without will seldom be required.—Therapeutic Gazette.

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PERSONALS

Dr. Geary, of Burns. was doing business in Portland recently.

Dr. G. C. Eshelman, of The Dalles, has located in Salem, Or.

Dr. Hudson, formerly of Antelope,has located at Arlington.

Dr. Story, of Montesano, Wash., was a recent Portland visitor.

Dr. A. K. Higgs, of Long Creek, Oregon, has located in Heppner.

Dr. W. C. Hawk, of Jefferson, was a recent visitor in Salem, Oregon.

Dr. S. J. Martin, of Ilwaco, spent part of September in Seattle, Wash.

Dr. G. V. Ketchum, of Portland, is confined to his room at Ashland, Or.

Dr. C. P. Man, of California, is visiting friends in Oregon City, Oregon.

Dr. G. B. Cole, of Central Point, Oregon, was a recent visitor in Medford .

Dr. W. C. Belt, of Nehalem, Oregon, was recently one of Tillamook's visitors.

Dr. J. S. Conant, of Genesee, Idaho, has opened a drug store in that town.

Dr. O. D. Doane, of The Dalles, recently spent a short time in Portland.

Dr. H. W. Wentworth, of Boston, Mass., has located in Rosalia, Washington.

Dr. Botkin, of Athena, was a visitor in Pendleton, Oregon during the past month.

Dr. J. J. Mahoney, formerly of Anaconda, has located in Virginia City, Montana.

Dr. A. P. Procter, of Kamloops, B. C., spent his vacation in Winnipeg, Manitoba.

Dr. King, a recent arrival in this part of the country has located at Antelope.

Dr. C. M. Frazer, has located at Hamilton, Washington, and will open a hospital.

Dr. Dave Raffety, of East Portland, spent his vacation at Long Beach, Washington.

Dr. James Wiley, of Portland, spent a short time with his father, Dr. Wiley of Tillamook.

Dr. J. E. Goggins, formerly of Brewster, Wash., has located at Conconally, Wash.

Dr. Mary Johnson, of The Dalles, hospital spent her vacation on her farm near Pasco.

Dr. J. N. Smith, of Salem, has returned from an extended outing trip at Newport, Oregon.

Dr. Call, who spent his vacation in Eastern Oregon has resumed his practice in Oregon City.

Dr. O. C. Hollister, who has been spending several weeks in the East, has returned to Portland.

Dr. Rossiter, of Woodburn, recently spent part of September in Salem, taking in the State Fair.

Dr. J. F. Calbreath, superintendent of the State Insane Asylum of Salem, was in Portland recently.

Dr. F. H. Coffeen has returned to Ashland, Oregon after an outing in the Prineville and Bend region.

Dr. R. E. L. Steiner, who has been spending some time in Salem, returned to his home at Lakeview, Or.

Dr. W. J. Howells, Superintendent of the Medical Lake Asylum, spent a short time in Spokane recently.

Dr. J. O. Cobb, U. S., M. H. S., will leave for the East on the 8th of October, for a few months' vacation.

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Dr. C. D. Parsons, of Moscow, Idaho, was called east by a telegram stating the serious illness of his wife.

Dr. J. F. Watt, who spent part of August at Gearhart Park, has resumed professional duties at Hood River.

Dr. Edgar O. Dutro, of Bridal Veil, was married August 23, to Miss Bertha D. Williams, of Portland, Oregon.

Dr. H. E. Curry, of Baker City, Oregon, was a recent visitor in Portland, where he came on professional business. Dr. Curry is a member of the Oregon State Medical Examining Board.

Dr. Gordon, of Phoenix, attended the British Columbia Medical Association which met in Vancouver, B. C., recently.

Dr. S. H. Knowles, of Bremerton, Wash., will go to New York to begin a four months post-graduate course January 1st.

Dr. O. C. McCown, of Indiana, has built up quite a fine practice in the short time he has been in Prosser, Washington.

Dr. C. H. Newth, of Philomath, and Miss A. Ruble, of Junction City, were married Sept. 9th at the residence of Mr. Moe, of Albany.

Dr. Frederick Treacy, who has been taking a postgraduate course in the east has resumed practice in Lewiston, Montana.

Dr. W. J. May, of Baker City, Oregon- spent his vacation at the coast enjoying a well earned respite from professional duties.

Dr. Charles James, of Tekoa, was in Portland recently in attendance on the annual meeting of the Oregon State Medical Society.

Dr. Cloucheke, who has charge of Dr. Courtney's practice for a short time in Dayton, will spend a few weeks in Newberg, Or.

Dr. J. A. Lamberson, of Lebanon, Oregon, who was recovering from a severe illness was stricken with paralysis the later part of August.

Dr. C. R. Ray, of Medford, Oregon, has located near Lolo, so that he can be close down to the dam and ditch enterprise he has inaugurated.

Dr. McLean, of Waitsburg, Washington, who has not been very well for the past three months was taken worse and is now in a very critical condition.

Dr. J. H. Bristow, of Portland, has gone East on a visit to his old friends in Illinois and to do some post-graduate work in Johns Hopkins Institute at Baltimore.

Dr. Hamilton Allen, of Tacoma, attend the Canadian Medical Association, held at Montreal, Canada, Sept. 16, remaining in Canada for several weeks on his vacation.

Dr. D. C. Newman, of Spokane, secretary of the State Board of Health, was in Woodburn, Washington, recently investigating the small pox codition of that community.

Dr. Robert Benham, a retired army surgeon and practicing physician of Cleveland, Washington, died suddenly at Mabton, Sept. 1st, where he was making a professional call.

Dr. J. J. McMicken, a well-known physician of Portland, who has been in failing health for three years, died at the Good Samaritan Hospital September 12, at the age of 48 years.

Dr. McIntyre, of Hoquiam, Washington, has retired from the services of St. David's hospital and his place will be filled by Dr. Campbell, who has been appointed by the local board.

Dr. J. C. Gosnell, of Ilwaco, Wash., has just returned from a year's post-graduate work in the eastern states. While east he attended the A. M. A. The doctor will probably locate in Seattle.

Dr. Lyman B. Trowbridge, form-

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erly a well-known physician of Portland, Oregon, died September 18, at his home on the East Side, at the age of 68 years. Death was due to pneumonia.

Among our professional winter emigrants will be Dr. A. Tilzer, who goes abroad about October 15 for post-graduate work. He will be absent for nearly a year, devoting his time chiefly to the clinics of Berlin, Paris and Dublin.

Dr. G. T. Trommald, having completed his service as interne in St. Vincent's Hospital, has settled in Portland, having associated himself with Dr. A. E. Rockey, in place of Dr. Tilzer, during his absence for a year of special study abroad.

Dr. J. R. Numbers, of Portland, Oregon, formerly associated with the North Pacific Sanitarium, has severed his connection with that association and has entered into partnedship with Dr. B. L. Steeves, in Weiser, Idaho, his former location.

Dr. J. W. Thomas has resigned as house physician at the Salem Hospital, and is on his way to Philadelphia, where he will take a post-graduate course in medicine. He has been succeeded at the Salem Hospital by Dr. F. S. d'Ormond, of Ashland.

The post-graduate fever has for the third time attacked Dr. J. F. Dickson, our late admirable chairman of the State Executive Committee, and he expects to sail from New York early in October to spend from six to nine months in the European clinics.

Dr. R. W. Schoenie, who has spent the past year in the study of diseases of the skin and genito-urinary system in Berlin, Vienna, Paris and London, has returned to Seattle, Washington, where he will confine his time to this special branch of the practice of medicine.

It is our painful duty to record the death of the wife of one of our professional brethren, Dr. D. Y. K. Deering, of Union. She died at Good Samaritan Hospital September 14th, aged 48 years. Dr. Deering has the deepest sympathy of the entire profession in his terrible loss.

Dr. Wells, of Hoquiam, Washington, has taken into partnership Dr. P. W. Johnson, who has recently arrived from Chicago. Dr. Johnson is a graduate of the College of Physicians and Surgeons of Chicago and has had hospital experience in the Augustine hospital there.

Dr. A. H. Coleman, of Tacoma, has been visiting friends in Canada, his old home, having taken the present time for his visit on account of the Canadian Medical Society, which will meet in Montreal, where he will be able to meet a great many of his old Canadian medical friends.

Dr. C. W. Bates, of Cathlamet, Wash., was a recent visitor in Portland, where he came on professional business. The doctor is a graduate of the Portland Medical School, and has been located at his present place for two years and a half, where he is County and City Physician, Coroner and Health Officer.

Dr. Kenneth A. J. Mackenzie, of Portland, who has been through the South and East, stopping off en route at Denver to see a patient, is once more in Portland. Dr. Mackenzie has traveled during the past year more than twenty thousand miles, which he says will have to do him for a long time to come.

Dr. John C. Kellogg, one of the best known pioneers of the lower Sound region, died August 21, aged 81 at the home of his daughter, Mrs. R. H. Denny, Seattle, Washington. Dr. Kellogg settled in Washington in the fall of 1854, taking up a claim on Whidby Island, where the remains will be laid to rest in the family burying ground.

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MEDICAL SENTINEL

Volume X Number 11

NOVEMBER
1902

By
Henry Waldo Coe, M.D

Notes

Inland Empire Clinical Society.—Twelve new members were elected at the recent meeting.

A Two-thirds Majority.—The Spokane County Medical Society has a clause in its constitution which requires a two-thirds favorable vote for membership.

Whitman County Medical Society.—We have had occasion to speak of the lively society of the name given, in a former issue. The attendance was small at the Tekoa session, but the interest was good. A report will be given next month.

Idaho State Medical Society.—In order to group matters as much as possible, we shall publish the full report of the late meeting of the Idaho State Medical Society, an editorial review and some of the papers in the next issue of The Medical Sentinel.

The More Societies the Merrier.—By the time one travels through the Spokane region and sees the number of societies about that section he is ready to say "the more the merrier." Between them all, no doctor needs to be without a society. Many doctors belong to several.

The Maltine Company announces that two hundred and eight essays on "Preventive Medicine" have been entered in competition for the two cash prizes—$1,000 and $500, respectively—which that firm offered last February. These essays are now in the hands of the three judges, Dr. Daniel Lewis, of New York; Dr. Chas. A. L. Reed, of Cincinnati, and Dr. John Edwin Rhodes, of Chicago, and their decision is awaited with great interest by the medical profession at large.

Spokane County Medical Society.—This Society meets on the first Thursday in each month from September to May inclusive. Fifteen new members have recently been added, making a total of seventy members now in this body. Under the new constitution, the sphere of action of this organization has been extended so that several graduates of the hom-

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eopathic school, who no longer practice sectarian medicine, have been admitted. The total membership now, we believe, exceeds that of any other local medical society in the Northwest.

Chief Surgeon Buckley in Spokane.—Dr. J. J. Buckley, of Missoula, chief surgeon of the western division of the Northern Pacific railroad, recently spent a couple of weeks in Spokane as a witness in a $75,000 damage case which had been brought against the company. Dr. Buckley makes a good witness, because he does not allow his position to prejudice him in favor of his company, but on the stand tells a straightforward story which is fair to all sides, and which carries conviction, something which, we are sorry to say, not every railroad surgeon does. The verdict in this case was for the railroad.

The Woman's Medical Club, of Portland, neld its first session of the new year Tuesday evening, October 14th.

The following officers were elected: President, Dr. Amelia Ziegler; Vice-President, Dr. Jessie McGavin; Treasurer, Dr. Kitty Gray; Secretary, Dr. Ethel Gray.

After the executive business, the retiring President, Dr. Sara Hill, read an able address upon the "Progress of Medicine and Allied Sciences During the Past Year," which will appear in The Sentinel in the near future. After discussion, and many expressions of appreciation, a new departure was decided upon in the form of an extra meeting each month to discuss clinical work.

The Chehalis County Medical Society held its regular meeting at Aberdeen, Tuesday, October 7th, at 8 P. M., President G. W. Overmeyer in the chair. The following papers were read:

Diagnosis and Treatment of Diphtheria—Dr. French.

Floating and Displaced Kidney, its Diagnosis and Treatment—Dr. G. W. Overmeyer.

Diagnosis and Treatment First Stage of Pulmonary Tuberculosis—Dr. Walston.

Manifestations and Treatment of Hysteria—Dr. M. L. Pearson.

Etiology and Treatment of Biliary Obstructions—Dr. D. A. Schumacher.

Dr. J. Wm. Scamell, Secretary.

The Progressive Spirit of Organization in the profession is spreading all through the State. Its latest and most welcome manifestation is the formation of a County Society by our brethren in Marion County, at Salem, on Saturday, October 11th. Marion is one of the oldest, richest and most thickly populated counties in the State, has the oldest medical school, and as able and energetic a body of physicians as can anywhere be found, and nowhere could a new society start under more favorable auspices.

The attendance was large and the following officers were elected: President, Dr. C. S. White, of Gervais; Vice-President, Dr. Chas. H. Robertson, Salem; Secretary, Dr. W. Carlton Smith, Salem; Treasurer, Dr. Mary M. Staples, Salem; Board of Councillors, Dr. W. C. Hawk, Jefferson; Drs. W. T. Williamson and J. A. Richardson, Salem.

A paper was read by Dr. E. C. Pierce upon Health Legislation, which provoked an interesting discussion, at the close of which a committee of five was appointed to draft a bill for the formation of a State Board of Health, to be submitted to the State Legislature next winter. Among the visitors present was Dr. Andrew C. Smith, of Portland, who warmly supported the drafting of a bill to go before the next Legislature, and promised to use every effort to secure its passage. A banquet closed the session.

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Editorial Notes

Death of Dr. Phelps.

The untimely death of Dr. Abel Mix Phelps, of New York, causes sorrow throughout the entire profession, and nowhere more than in Oregon and Washington. He will be personally remembered by his brilliant operations and paper while the guest of the Oregon State Medical Society two years ago, while his scientific fame is secured by his improvements in hare-lip operations, his new method of dealing with club-foot and his weight extension in the easiest position of the joint method of treating hip-joint disease. He died all too young, at the very zenith of his career, aged only 51 years, of cancer of the omentum.

A Competent Medical Officer.

If you want a thing well done, appoint a doctor. This is the revised and up-to-date version of the old saw. All who are interested in the sanitary condition of Portland were much gratified when a member of our own profession was appointed by Mayor Williams as Health Officer. This is we believe, the first time that this has been done in the history of Portland, and Dr. Biersdorf's administration has already justified our expectations of improvement in affairs sanitary. One of his first acts was to seize a lot of cholera-pork, killed "to save the pigs' lives," and bring suit which resulted in the arrest and smart fining of the guilty farmer. Several other seizures followed, and the sale of diseased meat has been much checked. The field of meat inspection for Portland is, however, much too large for one man to cover, unless he can devote his whole time to it, and Dr. Biersdorf ought either to be provided with an assistant or a special officer for meat and milk inspection appointed. An ordinance to this effect was introduced in the late council by Mr. Mulkey, and we understand that the matter is soon to come up before the present body. Another of Dr. Biersdorf's achievements has been to get first one and then the other of Portland's street railway companies to thoroughly fumigate their cars with formalin vapor at the end of each day's run. He is now endeavoring to have the same process extended to the school buildings of the city, and this move deserves the hearty support of every member of our profession.

A New Cancer Cure.

The following valuable contribution to the gaiety of nations was sent to a subscriber of The Sentinel and by him forwarded to us for wider distribution of the cheering rays. We can guarantee its genuineness, but cannot positively endorse all its claims as a therapeutic agent.

Its power to "heel the Lungs and Cleen the Brain" makes it evidently the remedy which Macbeth was vainly seeking in his famous apostrophe, "Canst thou administer to a mind diseased, blot out the burning record on the brain, cleanse the stuffed bosom," etc. But, alas, his doctor had never read The Sentinel, and could only shake his head in despair. Cancer, too, and "rheumatismus," and "Tifoot fever"! really this is just what we have been looking for, in his own words, "the verrey medecin"!

Its a little franker, and a trifle more

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erratic in the matter of spelling than screeds which we see in the papers every day, but there may be just as much in it. Surely some "Dr." or "Drugust" will give it a trial and let us know results?

Doctor:

Dear Sir, enclosing find sample of Helth and Stomagh Renewer (Composed of Sierra Nevada Mineral and Honey Compound.)

A Natural Cure.

It Cures the Indijestion, Dispepsie, and Cancer of the Stomagh, it moves the Bowls, cleens the Lungs, and heels the Brain, so that Food can dijest in a proper way, and so, Natural Blod wil be through the Persons body.

Please Dr. try this medecin on a Person with a daedle Stomagh, where all other medecin refused to Cure, and you will find the result is a good one. I Claim, the digestion of the stomag is the foundation of the Persons body there for if people take my medecin, wont' have mush truble of Rheumatismus of no Fiever of any Kind, and this is what we wontet. A man like to see his worx crowned with Success.

Direction 3 1 grain Capsul to a dose every other day one our before dinner for lungen truble every other day I our before bed tim give 3 grain Capsul first.

to Privat I sel it 3 cent a Capsul.

to Dr. and Drugust 1½ cent.

you can order any amount you wish to buy.

this is the verrey medsin for the Mountain and Tifoot Fiever.

your respect

So-Called "Christian Science."

While it is totally incomprehensible to the practical, hard-headed, common-sense individual that anyone shoudl pursue such an intangible chimera as "Christian Science" with such sublime faith as to depend upon it in the presence of serious bodily illness, certain it is that the disciples of this vicious religious monomania are increasing in number and temporal power, and that it is no longer safe to entirely ignore it as a menace to the health and well-being of the community. Both the medical and secular press have devoted considerable attention to the subject, largely in the way of ridicule, but the most powerful, logical and altogether unanswerable argument we have yet seen is comprised in a series of short lectures by Rev, Andrew F. Underhill, of St. John's Episcopal church, Yonkers, N. Y., entitled "Valid Objections to So-Called Christian Science." Realizing that their interests are identical with those of the medical profession, and that the enemy of one is the enemy of both, the Arlington Chemical company is anxious to do its part in relegating this absurd cult to the limbo of oblivion, where it may rest peacefully side by side with the many foolish fads that have preceded it.

Appreciating the force of the argument referred it, and being convinced that it will place in the hands of the physicians a well-forged weapon wherewith to combat such a subtle and dangerous enemy, the Arlington Chemical company has obtained the permission of the author to reprint these lectures in booklet form and distribute them to physicians. If any of our readers have been overlooked in the mailing, a request to the above company will bring a copy.

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Treatment of Typhoid Fever.

The St. Paul Medical Journal for April, 1902, contains a paper by Thayer in which he has these words to say with regard to methods of treatment of typhoid fever:

We have no specific against typhoid fever. We possess no antitoxin such as we have against the poison of diphtheria; we know as yet of no method by which we can definitely stop the growth of the organism. In a large proportion of cases of typhoid fever, in all at the beginning, we have no local lesion which we can influence by active treatment. We are confronted by a general septicemia, and the essential principles of typhoid fever are the same as if we were dealing with an instance of ulcerative endocarditis, namely: (1) complete rest; (2) a diet as nourishing as the condition of the patient will allow; (3) measures to relieve the hyperpyrexia and to keep the skin and muscles in as good condition as possible; (4) an ever-watchful carefulness for the various dangerous complications.

A word with regard to the diet. It should be generally recognized that the diet is a very important point in the treatment of typhoid fever; perhaps not in the sense that we must absolutely restrict our patient to milk and liquids, but in that we must adapt our diet to the condition of the patient.

There is no question of the fact that liquid diet is best adapted to most cases of typhoid fever, but there are many instances of few abdominal symptoms, a reasonably good general condition and a fairly good appetite throughout, in which considerable latitude of diet may be allowed, and in which variety is really important. Here the author refers us to the excellent article by Dr. Shattuck upon the diet in typhoid fever in the Journal of the American Medical Association (1897, xxix, 51). As Shattuck justly says, we must treat our patient and not the disease. It is necessary in text-book articles to lay down certain general rules, but he who blindly practices medicine from text-book rules has a small conception of his duty to the community. If medicine should be practiced by rule, the function of the physician would be small.—Ex.

Ophthalmia Neonatorum.

In the Philadelphia Medical Journal of April 12, 1902, Reynolds Wilson says the demands in the matter of treatment of this state are met by the following method of procedure:

1. The antepartum care of the birth canal.

2. The scrupulous cleansing of the lids following expulsion of the head, and constantly thereafter, in suspicious cases.

3. The non-invasion of the palpebral sac by separation of the lids before the appearance of typical discharge.

4. Prompt and absolute isolation upon the appearance of conclusive signs of specific inflammation.

5. Thorough and systematic irrigation.

6. Astringent application of silver nitrate in cases of prolonged suppuration.

In conclusion, as an important adjunct to local treatment, attention should be given to the general condition of the child in cases of debility and malnutrition. The measures directed toward the care of the infant are comprised in cod-liver oil inunctions, small doses of whiskey internally, and breast feeding. At the same time the mother should receive some form of tonic treatment.—Gazette.

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THE MEDICO-LEGAL VALUE OF CYTOLOGY AND BACTERIOLOGY.—Every day newly justifies Tyndall's dictum that no one can possibly draw the line between "practical" and "pure" science, or tell in advance whether any new truth, however transcendental, will prove useful or not. What, for instance, could seem more remote from the study of the parasitology of the blood than evidence in a murder trial? Yet recently in Bengal the closing and connecting link which fastened the guilt of an atrocious and cold-blooded murder upon its perpetrator, was the finding of blood-stains upon the garments of the victim containing *Filaria sanguinis hominis,* which parasites were entirely absent from the blood of the dead man, but were found in abundance in that of his murderer.

Think of a man's being known not merely by the company he keeps, but by the guests which, all unwittingly, he harbors in his tissues. We cannot be too careful what haematoza or bacteria we admit to terms of intimacy.

BLOOD THICKER THAN WATER.—Another most fascinating development of the new haematology is the fact so painstakingly elaborated by Nuttall, that when the blood serum of any given animal has been several times injected into the veins of another, the blood of the second animal develops a substance which will bring about a prompt cloudy precipitate whenever the serum of the first

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animal is mixed with it. This substance, or *precipitin,* belongs to the great class of *"antibodies,"* or substances produced in reaction to other proteids by living protoplasm, of which the antitoxins are the best known members. The most curious fact about the formation of these precipitins is that they follow closely along the lines of blood-relationship in their action. For instance, a precipitin produced by the injection of mammalian blood, will cause a slight cloudiness with the serum of an other mammal, and a heavier deposit with that of any member of the same order as the animal whose serum was first used. For instance, the precipitin produced by the injection of the serum of a dog, will give a heavier precipitate with the blood of othercarnivora than with that of any of the herbivora. Last, and most important, a precipitin produced by the blood of any given animal will react almost as intensely to the serum of any other animal of that genus or family as it would to that of the same species. For example, an "anti-canine" precipitin would strike almost as heavy a cloudiness with the serum of a fox, a wolf, or jackal as with that of another dog.

"We Be of One Blood, You and I."—Here is where the most annoying and humiliating revelation to our anti-Darwininist friends comes in. A precipitin prepared from even the bluest of our noble human blood will react so vigorously with the bloods of the higher apes, the orang, the chimpanzee and the gibbon, as to render them practically indistinguishable from human blood. A less vigorous, but still most tell-tale precipitate is given with the blood of the Old World monkeys (*Catarrhines*), a fainter with that of the New World monkeys (*Platyrrhines*), but still far heavier than with the blood of any other mammal.

The opponents of evolution, with Virchow at their head, have long been scornfully demanding "positive proof," "objective demonstration" of our kinship with the anthropoid apes, analogy was not enough for them. Well, here it is with a vengeance. Mowgli's "Jungle Cry," given above, had as much truth as poetry in it. We are literally of one blood with the "Bandar Log," the monkey people, whether we are proud of it or not.

A Reliable Test for Human Blood.—But this highly scientific discovery of Nuttall's has other uses besides that of irritating the orthodox. It most unexpectedly furnishes at last a positive and reliable medico-legal test for human blood-stains. All other tests, such as size and shape of corpuscles, have proved utterly valueless, for although they might distinguish human blood from fishes', or birds', they could not from that of any other mammal. Here, however, we have a reaction which will readily discriminate between human blood and that of any other animal, save only the higher apes. And as these last are, by the mercy of heaven, both

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exceedingly rare and short-lived outside of limited areas in the tropics, danger of confusion with them in any murder case would be practically impossible, even in the hands of the most skillful lawyer.

MUSIC AS A THERAPEUTIC AGENCY.—One of the most striking and encouraging signs of the times is the rapid dying out of the prejudice in the minds of the laity against going to a hospital. This was quite a factor to be reckoned with within the memory of most of us, based, in the more ignorant, on a dread of being "experimented upon" or "cut up," or even in the exceedingly dark places of the earth of being allowed to die and "made into medicine." In the intermediate and higher ranks of the community it was regarded as a sort of tacit confession of poverty or inability to provide proper care at home.

This last prejudice still lingers, and an amusing survival of it cropped up the other day in a Portland institution. A good lady of foreign birth and Semitic extraction was advised by her physician, a well known gynecologist, to go into the hospital for some slight operation. After much urging she reluctantly consented, but on the doctor's first visit to her there he was met by a torrent of repining and regrets, culminating in the apostrophe, "Dogtor, vy for moost I gom to a hospeedahl, ven I haf a house of my o-own, *vith a beeahno?*"

Just what would be the advantage of a musical instrument in case of illness of this character seems hard to conjecture, but the idea which was probably working in the good lady's mind was that the presence of a "beeahno" gave a tone of dignity to the entire establishment, and was a sort of visible certificate of the possession of all the accommodations which could be required in any emergency.

Perhaps this feeling may be the secret of the awful prevalence of the piano in modern homes. Its performances as a "musical" instrument, under nine hands out of ten, are certainly not adequate to account for the phenomenon.

FOR A STATE BOARD OF HEALTH.—If the profession of Oregon really desires a State Board of Health, now is the time to act. Its influence, if exerted promptly, can probably turn the scale. A bill has been prepared by Senator Andrew C. Smith, and if each County or District Society will secure a copy of that bill, appoint a committee to consider it and report any amendments which seem desirable to it and then send a memorial signed by all its members to the local Representatives and Senators, urging its passage, it will give it a standing before the Legislature of highest value.

The bill introduced by Senator Josephi at the last session passed the Senate, but died of indifference and exposure to cold in the House. It is in the lower body that the chief danger lies this year,

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and every doctor having influence with his Representative should be sure to urge upon him the importance and real *economy* to the State of this act.

The only opposition is on the grounds of conservatism, sheer dread of the new, and supposed economy. As if a competent board, with proper powers, would not save five times its cost in lessening interference with business and panics, from smallpox alone, to say nothing of the value of human life.

But the average legislator will not find this out for himself; it must be told him, with emphasis and diagrams, and rubbed into him until he really believes it. No one can do this so well or so effectively as his family physician.

If we will only bestir ourselves, both personally and through our Societies, to reach the lower House, with such doughty champions as the great medical Smiths—Drs. Tylor S., of Sheridan; Chas. J., of Pendleton, and Andrew C. of Portland—and Dr. Kuykendall of Eugene, in the Senate, the bill has an excellent chance of becoming a law next winter.

SACRIFICES AT THE SHRINE OF DIRT.—Again our annual crop of typhoid is filling our wards and our case books. No other disease has so well-known a cause, or one that is more absolutely preventible (as long ago as the sixties Lord Palmerston declared that "for every death from typhoid *somebody* ought to be hung") and yet it steadily persists. It forms one of our clearest illustrations of the law that disease is, in the main, only an index of the intelligence and cleanliness of a community.

Increasing experience and its accumulated data simply establish more overwhelmingly than ever that infected water is the great cause. Even the sporadic forms, like the deadly "mountain fever," can now be traced in large measure, to previous cases or even infected Indian camps higher up on the mountain stream, apparently of such glacial purity. A graphic illustration of this cause comes from up the Wallamet Valley. Near Independence, a few weeks ago, was recorded the death of a bright young student by typhoid fever. During the summer he and some of his fellows had joincd the crew of a thresher in their round through the wheat-fields. At one place where they threshed the well-water was infected, and *every member of the crew* is reported to have fallen ill with typhoid, which claimed the fatal 15 per cent.

What a pity the infection of the water could not have been found out *before,* instead of after.

TYPHOID CARRIED BY FOOD AND FLIES.—While infected water is vastly the commonest cause of the disease, yet we are gradually coming to widen our view and attach more and more importance to other possible avenues. If, as has been repeatedly proven, only a

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few months ago again by the epidemic in the Agricultural College at Ames, Iowa, typhoid fever may be conveyed through milk, from such trifling amounts of contagion as would come from washing the cans in infected water, the merest drop or smear of typhoid urine, saliva or faeces must be sufficient to convey the disease.

And, indeed, numerous cases of the infection of nurses, or other members of the patient's family have now been traced to this source. We cannot be too careful to insist upon the most scrupulously cleanliness in the sick-room and the prompt washing and sterilization of the hands of the nurse, or other attendant, after each service to the patient.

Almost as much to be guarded against is the plague of flies, which the Lord, alas, did not limit to Egypt. The recent reports of the Government experts upon the scandalous typhoid epidemics in the camps at Chickamauga and elsewhere, during the late war, state that while the water-supply (Chickamauga Creek) of part of the camp was probably contaminated, yet those regiments who were camped on higher ground and drew their supply from springs, suffered fully as severely. The method of infection in their cases is believed to have been through flies, who swarmed first upon the excreta and other garbage of the camp and then upon the food, which latter, under the exigencies of camp-life, could not, of course, be adequately protected.

That this method is a real danger in household practice will be questioned by no one who has watched the flies buzzing about the face and lips of an unconscious patient, or clustering round the rim of his half-emptied milk glass. All flies should be excluded from the sick-room by screens, for the patient's comfort as well as for the sake of others. All food which has been brought into the sick-room, even the fruit, for instance, which the patient has looked at but not touched, and which is often with praiseworthy economy given to the children, should be treated like the urine and faeces.

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INTESTINAL ASEPSIS IN TYPHOID.—In the matter of treatment, the bath or its modifications still easily holds the palm. No other method seems to be able to beat the mortality down to the Brand standard, 5 per cent or less. It is inconvenient, but it saves life. It also diminishes danger and modifies the whole course of the disease for the better. In the much milder type of the disease which, fortunately, usually confronts us on the Pacific Coast, we can in many cases get along fairly well without it, but it has no rival in the severe cases which cannot be controlled by sponging and diet.

As regards diet, milk, though still our sheet anchor, is no longer our sole dependence. Even where given alone, the amount is reduced greatly, our most careful clinicians preferring a minimum of 12 ounces to 15 ounces per diem, instead of the three pints of five or six years ago. Milk, where not promptly absorbed in the jejunum, undergoes putrefactive and fermentative changes with

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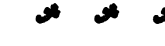
astonishing facility, and it is very easy to allow a fever patient to take far more milk than he can utilize by urging him to drink it to quench his thirst.

In addition, Shattuck in this country, and Curschman in Germany, are reporting marked diminution of meteorism and diarrhoea by the addition of gruels, meat-broths, soups, gelatine-jellies, and the albumen water of Osler (raw white of egg beaten up with water and flavored) to the dietary, or even by the total exclusion of milk.

A careful combination of bathing and diet will usually keep the old bowel complications, meteorism, diarrhoea, etc., within the limits of comfort and safety, but there are many cases where they fail in this respect, and the profession is still hoping against hope for some form of direct intestinal antiseptic, which will really "work." The nearest approach to this ideal which has yet been made seems to be acetozone, the new organic peroxide, discovered and worked out by Novy of Ann Arbor. Several series of from twenty to forty cases in which this drug was used have now been reported, with most gratifyingly uniform results, the stools becoming not merely free from the well-known typhoid stench, but almost odorless. And while it is far too soon to rely upon it, as a substitute for the baths, yet it seems so far to modify the general course of the disease almost as favorably, and certainly promises to be a valuable adjunct to them at the very point in which they are weakest, the control of bowel complications.

We must, of course, remember that no intestinal antiseptic can be regarded as curative or preventive in typhoid, because the bacilli multiply first in parts of the body outside of the gut, indeed, as Wasdin's careful studies have made highly probable, first of all in the lungs,—whence the frequency of rales early in the disease and broncho-pneumonias later. But if, as already claimed by Wasdin, this peroxide can also circulate in active form in the blood, we may yet find it effective in modifying and shortening the whole course of the fever.



How Vertebrae Are "Dislocated" Osteopathically.—It has long been a source of mild wonder to us how under heaven our osteopathic friends accounted for the causation of those dislocations and twists of the various vertebrae which they succeed in finding in such lucrative profusion. But now the oracle has spoken, one of their journals announces that it is due to stepping off street-cars before the car stops. The well-known maladroitness of women in this respect no doubt accounts for the much greater frequency with which these incredible and extraordinary injuries are found—by the enlightened—in the gentler sex.

We always knew that stepping off moving cars was a pernicious habit, but if it's going to furnish an excuse for the existence of osteopathy it must certainly he stoppped, at whatever cost.

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PRESIDENT'S ADDRESS, ON "THE ORGANIZATION OF THE MEDICAL PROFESSION"

By J. T. MURRAY, M.D.

Read berore the State Medical Association of Montana, May 21, 1902

Ladies and Gentlemen and Members of the Medical Association of Montana:

I introduce probably an innovation in the past usages of this society by presenting the annual address of the presiding officer at the beginning of the session, instead of its close. I do this because the subject relates to the organization of the medical profession—a subject that will call for your consideration during the meeting, and your action before it closes.

Throughout the broad expanse of our country, organizations are being formed that include every division of labor, political alliances, and combinations of business interests.

It is a singular fact that the medical profession, among all the classes that are individualized, is about the only one which is without a perfect organization, and for that reason, subject to indignities and impositions, ill-requited for its invested capital and its self sacrificing arduous labor, and lacking in commensurate influence to correct them, has quietly submitted in childish impotence up to the present time; and this among a class with more than average brain and superior cultivation.

But in accord with the spirit of the times, this moment is marked by a desire for their relief and to federate in one compact organization the medical profession—a movement long conceived, but only recently planned.

As thorough a canvass as could be made in the different states has revealed the appalling fact that out of a census of 120,000 physicians in the United States, only 33,000 are members of any medical society, which leaves 87,000 unorganized—a condition that calls for most active missionary work. The reasons ascribed for this lamentable condition are apathy, indifference, or ignorance of the value derived from societies ,the lack of medical societies in many localities, and consequent lack of opportunity; also from the societies themselves not performing their proper functions, and not being conducted for the best interests of the individual. To this may be ascribed the faulty plan of organization, which has not offered sufficient inducement, or the proper representation at the fountain head—the American Medical Association.

This great organization, whose birth occurred over forty-five ago, when the population of the United States was 20,000,000 peo-

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ple, with 25,000 physicians, has so increased in membership, owing to the rapid development of the country, till its roll-call numbers over 25,000 physicians, a greater number than there were physicians in the country at its birth. Among its members are the foremost men in the profession, orators, investigators, writers, whose brilliant achievements are recorded in the archives of progress, and to whom honor and distinction have been accorded in our own and other lands; men whose exalted influence inspires the thought and action of each individual member, and the future destiny of the A. M. A. will proclaim it the leading exponent of the medical world.

Very many of the desires of the organization have been realized. It has excelled in disseminating widespread knowledge; it has elevated the profession by its demands for higher education; it has fostered legislation and encouraged restriction; and its social features have been recollections of pleasure.

But with the restless energy, typically American, this great body, in its desire for progressive ideals, is not satisfied that its work has yet accomplished the greatest good for the greatest number, and it has been for some time apparent, that the business interests were not receiving the attention required, not because the time was not consumed in scientific considerations, for we are justly proud of the great wealth of material in evidence of progressive medicine.

Nor would we curtail the social features, the many refining and elevating influences that familiar association engenders; but we desire to add to these, the systematic plan of cool headed business men, who, with clear analysis, ready dispatch, and prompt attention unravel the tangled problems of finance, legal requirements, government and protection, for the general interests of the entire profession.

Investigation into the necessities revealed the fact that the representative body was too large and practically unwieldly. At the last meeting at St. Paul, in 1901, there were registered 1700 delegates, a number impossible for the verification of credentials, or even roll-call in the allotted time. The difficulty of separating those who had the right to vote from those who had not, was apparent to all. It revealed the fact that the manner of choosing delegates was antiquated, and inadequate for the rapid growth or increasing number of the societies to be represented, and led to the plan of reorganization; and as a preliminary step the American Medical Association adopted two changes in its constitution.

The first provides for a re-apportionment of delegates, whose authority shall emanate from the state societies, and shall represent those societies in the proportion of one to five hundred members or fraction thereof, and that every state or territory, no matter how small, shall have at least one representative.

The second creates two branches of the Association, the scientific and the legislative, or house of delegates; this legislative body to be in session independent of the scientific and with ample time, be charged with the transaction of all business, and the ma-

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terial interests of the constituents they represent.

The Committee of Organization now ask that the state societies federate with the American Medical Association and conform to the general plan by adopting the same changes in their constitutions, and forming also two branches in their respective bodies, the scientific and legislative, the latter branch to be composed of delegates chosen from the county societies, and clothed with the same functions to represent the interests of the individual members. It also recommends that the membership in the county societies carry with it membership in the state society, and this be obtainable only through the county or district societies.

This plan is in conformity with the general plan of all American organized bodies, governmental or social, and its success will of course depend upon the ready acquiescence to this desire.

The framework of all the divisions, from the national society to the county society similarly systematized, insures a complete channel of expression and business dispatch; each is dependent upon the other, and in harmonious desires invincible. It is the creation of a great compact body. The state societies thoroughly organized in their respective states and cognizant of legislative action in their own states. The American Medical Association exercising the same functions regarding national legislation, the representatives of each in touch with the entire medical profession. Thus strengthened and if endowed financially, who can foretell the possibilities?

But in the creation of any great structure, its stability much depends upon the foundation, and it is this part, that we as the units of this confederation are mainly responsible, and to which I ask your earnest consideration.

The county medical society represents the primary part or foundation of the whole organization. It is the earliest association where begins the fraternal spirit, and invites harmonious action and affords the opportunity for personal intercourse, which promotes regard for each other, and appreciation for each other's responsibilities; where aid in perplexities may be sought and given, where wise counsel restrains objectionable methods, or a tendency to wander from ethical grounds, and is at once a sure guardian of professional record and honor.

Its frequent gatherings makes it the most desirable place to adjust the enmities engendered by false report, the petty jealousies of arduous competition; where false impression and misunderstanding may be investigated, and the mistaken character of a colleague revalued and restored.

The wealth of scientific matter of our great national body is due to the stimulus born in the progressive work of the county society. The constant brushing against his fellows broadens the mind and lifts him from the automatic routine of his work, without which he would perform in isolation, with self-conceit and morbid interest, unconscious of his rapidly advancing profession. The keen discussion cultivates our reasoning and ready analysis, precision in statements, and develops a desire for up-to-date information, and awakens a desire for individual participation. It affords

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opportunities for the study of disease, medical and surgical, its causes and prevention, often with clinical presentation of cases, and the advantages of the varied knowledge and experience, and the suggested therapeutics from so many, constitute a school of incomparable information, that in the total enriches the medical world and contributes to national fame.

It is the first association in which the individual conceives and makes known his wants, present and future, and gives expression to his views on all measures that concern him; and this new arrangement whereby is added a business section charged with the representation of such matters as pertain to it, affords a hope of improved material interests, such as mutual agreement regarding uniformity of fees, enforcement of collections, and a record of those who use the time and skill of members without an equivalent. It will cultivate business methods among a class of men, who as a class are lamentably deficient. It may cultivate a desire in certain capacities to be public officers, since by virtue of their training and intimate acquaintance with human character, gleaned in association with all classes of society, in wealthy homes, and hovels destitute of all comforts, with the highest types of civilization, and the equally ignorant, brutalized products of depravity, they become acquainted with all phases of man. His training in sanitary laws equips him with knowledge of conditions that conduce to health, and to as promptly detect defects, and by his ability to suggest measures to combat such evils, makes his services invaluable as an educator and moulder of public opinion in sanitation. There is an apparent conflict between the general public on many questions and the profession, and one of the duties of the society is to harmonize this difference, and its influence should be exerted to obtain fair treatment from the public press, and persists until the press's favor for quacks and unqualified men, is not purchasable by plethoric and criminal advertisements.

Its individual and collective interests should be to convince the public that medical practice acts were not medical trusts, for personal gain, but were for public protection.

There are many and vital questions now before the profession, which invite our interest and demand our consideration. We are deeply interested for perfect enactment of laws common to every state for the protection of qualified medical men, and the closure of the statutory loopholes—methods for the enforcement of such laws, without which they are valueless; equalization in the different state requirements, by which a medical reciprocity may be possible for those who desire, or may be compelled to change their residence, or what would be better, a national examining board, whose certificates would imply a national record of professional standing. A national quarantine service, whose jurisdiction shall extend beyond the sea and lake borders, and place beyond local control and municipal incompetency every city, county or hamlet, when afflicted with endemics or epidemics; the establishment of protective insurance for the disabled and superannuat-

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ed; to establish a law governing expert testimony; a permanent building for the national association, a national pride; and last, but not least, a Secretaryship of Medicine, the portfolio assigned to a medical man, under the same authority now granted to existing departments, in touch with the general government.

These desirable benefits can only be obtained by legal enactments, and for the medico-political acts that are to benefit the entire profession, we must depend upon our power to influence such legislation.

Every legislator who represents his district lives in one of your counties, and is your neighbor. He is the patron of one of you and a friend of many others, and accessible to all. He should be the subject for your conversion to your interests by intelligent presentation of your necessities, which must be in accord for the public good. His constituents that place him in power and mould his opinions are your friends and patrons. Your united influence, so systematized, and directed by the high order of talent at your command, is more powerful and far reaching than is ordinarily suggested by commercialism, and its potency would not only extend to the enactment of statutory laws through the legitimate channels, but to the general public, whose voice would change the material of which lawmakers are made.

These desirable measures can only be accomplished by the completion of the proposed system of organization. The American Medical Association has initiated the movement; the states will follow as requested, and I do not think that Montana will answer with a dissenting voice regarding the attitude of its state society, and will at this meeting select the delegate who will be instructed by the will of this society, and who will represent it with honor.

One of the necessary steps in our state re-organization will be to create a committee for this purpose, and I would suggest that chief among its manifold duties be the organization of the county societies to devise means for a thorough canvass of this state, to establish a record that will include the names, addresses, and residence of every qualified physician in the state; to ask the aid of the society and its members as individuals to aid by personal solicitation, of every name so recorded to become a member of his own county society, if not already so aligned. Our state is sparsely settled, and many of the physicians reside wide apart, the total number in several counties insufficient for a society, but such conditions can be provided for by district societies, or physicians may join a neighboring county society, if a society in his own county is not possible.. But where a county society is possible, or where one exists, the resident physicians of such a county should belong to their own society. By this arrangement a membership in a county society becomes an index of professional standing, and that no injustice may be committed, every one is protected by an unwritten law, that grants every qualified ethical member the right to become a member, on demand, of his own county society. No personal feeling, or unstable objection should debar him from that right, or if

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so debarred, his right to appeal to higher tribunal exists. I have no doubt the same desire to use strenuous effort will be reflected in every member of this Association; but I think it wise to provide for personal neglect, which often occurs, by the appointment of a competent member of this Association, one who is qualified by acquaintance with the physicians and the geography of the state ,to personally superintend the organization of these societies, or who in fact will be a state organizer. It will consume time and represent arduous labor and expense, but it will be accomplished in no other way.

It is fair to assume that nothing can be done without expense, and among your numerous considerations, that is one item that may tax your ingenuity, but it is a consideration not to be forgotten, and it is well to remember that the stronger we are numerically, the less will be the per capita tax.

Your free discussion on this and kindred subjects is cordially asked, with the prime object in view of the compact, powerful, organized body, with the absolute certainty of the result when accomplished. I cannot but think that the physician who has labored so many years alone, in hopeless effort, that his path might be more ideal—that public opinion, shaped by liberal information, would recompense, and second his efforts for the public good; that legal injustice might not be accorded to skillful and devoted labor; that public selection would indicate the qualified, instead of the charlatan, would hesitate to give his time and money, till this united and invincible organization had realized the promise, never before presented.

Is Trypsin the Glycolytic Ferment of the Pancreas?

Croftan (American Journal of the Medical Sciences) has investigated the etiology of diabetes. Several series of experiments were carried out to determine, first, the source of the glycolytic ferment in the blood, This was found to reside in the white corpuscles and being soluble in cold physiologic salt solution may be considered a "ferment" and not dependent upon cell life. He then proceeded to investigate the relation of this ferment to the pancreas. The author had previously ascertained, while investigating the destructive metabolism of hemoglobin in the formation of bile pigment, that trypsin was present in considerable quantity in the liver and that reduction of hemoglobin only occurred in the presence of sugar, the latter being destroyed in the process. This led him to compare the glycolytic ferment of the white blood cells with trypsin and a careful series of experiments seemed to show the identity of these two substances. In other words, the sugar-reducing ferment of the blood is trypsin, a product of the pancreas. This, if true, gives valuable hints as to therapy; injections of chyle or blood, of leucocyte extracts, of trypsin, or of vegetable glycolytic ferments being theoretically indicated. The injection of trypsin causes thromboses and is otherwise dangerous and the use of the other substances is fraught with certain difficulties which however, are not insurmountable.

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WAS HARRY TRACEY INSANE?

By HENRY WALDO COE, M.D.
Portland, Oregon

Medical Director Mt. Tabor Nervous Sanitarium; Neurologist to Multnomah County Hospital; Consulting Alienist Oregon State Insane Asylum; Consulting Neurologist Washington State School for Defective Youths; Etc.

Whether Harry Tracy was insane or sane, most of us breathe more freely that he is at last dead. As a psychiatric subject we may also breathe more freely as we approach the topic of this paper, in view of the fact that by his own hand his life was taken, before medical expert testimony had been demanded touching his responsibility for the death of numerous victims, and that a medical discussion of the topic at this time may be had in a thoroughly dispassionate manner, and that whatever this paper may say or the opinions of others may be, it cannot be said that they are given under the bias of litigant partisanship. So long after the dreadful tragedy, or chain of tragedies, neither indignation nor maudlin sympathy can lead away from the real truth in the question —the truth which we are all seeking in the discussion of medico-legal questions, although we sometimes do not agree upon such topics.

In order to freshen our memories upon the subject discussed, let us recall some of the facts so fully set forth by the local press touching the outlaw.

Harry Tracy was born in Wisconsin, 1874. Arrested in Colorado for murder and broke jail in 1897. Arrested in Utah for burglary and broke jail in 1897. Arrested in Portland for highway robbery February 7, 1899. Convicted and sentenced at Portland to 20 years' imprisonment in the Oregon penitentiary, March 21, 1899. Escaped from the Oregon pentitentiary, June 9, 1902. Committed suicide near Fellows, Wash., August 5, 1902.

Harry Tracy escaped from the Oregon penitentiary at Salem on June 9th, in company with David Merrill, after killing three men, Frank W. Ferrell, G. R. T. Jones and B. F. Tiffany, guards, and wounding Frank Ingraham, a convict who tried to prevent his flight. On June 28th, Tracy killed Merrill near Napavine, Washington, shooting him from behind, and leaving his body in the forest, where it was found on July 15. On July 3, near Seattle, in a fight with a posse, Tracy shot and killed Charles Raymond, a deputy sheriff; E. E. Breece, a policeman; mortally wounded Neil Rowley, who died on the following day; badly wounded Jack Williams, criminal deputy sheriff; slightly wounded Carl Anderson, a reporter.

He committed many feats of daring during his flight, in the course of which he eluded various posses, when apparently surrounded, and held up numerous farmers, whom he forced to furnish him food and clothing, and by threats

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of murdering their families compelled them to cover up his tracks.

Perhaps his greatest show of

daring was displayed on July 3, at South Bay, near Olympia, when he held up six men, the crew of a large gasoline launch, and forced four, including Captain Clark, to embark with him on Puget Sound and pilot him for ten hours.

In 1897 Tracy murdered Valentine Hoge, a Colorado cattleman, and Wm. Strong, a boy, in the same state. He is credited with other murders and numerous lesser crimes.

On August 5, Harry Tracy, outlaw of the century, died, died by his own hand, placing the muzzle of his pistol between his right eye and nose, pointing the barrel slightly upward, holding the weapon in his left hand, the discharge tearing away a portion of the cranium. His left leg had been broken and the tibial artery cut by bullets from rifles in the hands of pursuers, and the bandit dragged himself into a wheat field near the Eddy ranch, ten miles southeast of Creston, and while his relentless hunters were placing an impregnable cordon around him, performed the last act in one of the strangest and most wonderful of modern tragedies.

With blood spurting from the severed artery and pain shooting through every fibre from broken bones, he crawled 150 yards through waving grain.

None can tell the thoughts that passed through his mind—the mind of a man who had recklessly defied and defeated officers of two states for 57 days, killing ruthlessly and forcing everyone to do his bidding—but that he realized the hopelessness of his position is apparent.

But a man will hope against hope, and so the stricken man took the belt from his body and drew it tight around his leg in hopes of stopping the flow of blood. It was of no use.

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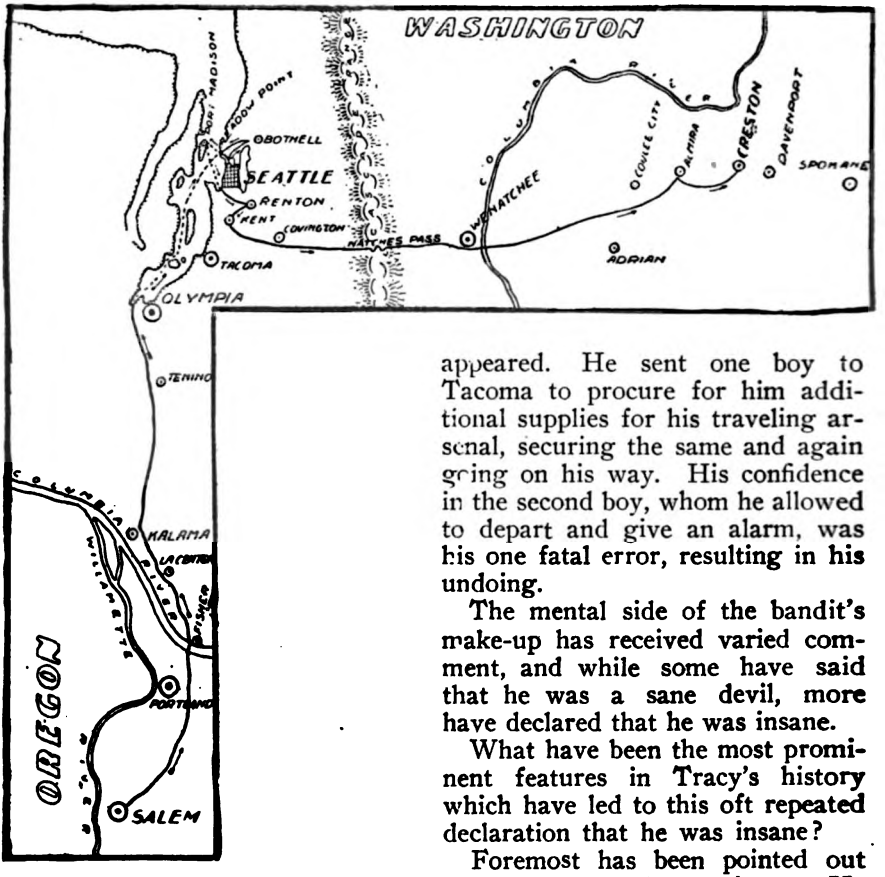
Then Harry Tracy, as the shades of night fell about him, took his last resolve, and that was to cheat the hunters of their triumph. He would die as all outlaws of the notorious Jackson Hole (Wyoming) die—with his boots on.



Thus has been briefly described his recent career and a map herewith, showing the territory covered by his movements, discloses his wonderful experience while passing through two states and chased day and night by thousands of man-hunters, and for weeks by bloodhounds upon his fresh trail

He appeared often to those living along the course of his travels, disclosing his identity with apparent satisfaction, talking freely regarding his past life and his future plans, and as suddenly disappeared. He sent one boy to Tacoma to procure for him additional supplies for his traveling arsenal, securing the same and again going on his way. His confidence in the second boy, whom he allowed to depart and give an alarm, was his one fatal error, resulting in his undoing.

The mental side of the bandit's make-up has received varied comment, and while some have said that he was a sane devil, more have declared that he was insane.

What have been the most prominent features in Tracy's history which have led to this oft repeated declaration that he was insane?

Foremost has been pointed out his exaggerated egotism. He boasted of his prowess in killing and one of his last acts was to send word to Sheriff Cudahy, that he would yet even things up with him, if he did not cease to follow him. His disposition to kill, from apparent wantonness—the guards at the island prison near which he passed

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in the launch, and upon whom he frequently brought his gun as though to shoot such as were exposed, being prevented only by the urgent expostulations of his terror-stricken, forced companions; the killing in cold blood of his own partner in crime, the man who had helped to make possible his own escape from the penitentiary; the apparently charmed existence which he possessed, claimed to have been impossible to a sane man, by which he was able to dodge his hunters at every point up to the time of his taking off; the strangeness of his successful trip, his willingness to talk, the openness of the disclosures of his identity—all these have been adduced as evidence that he was mentally unbalanced.

Tracy was an egotist. Some insane are egotistical, although the proportion of those thus affected is small. Many types never show egotism. The melancholics are not thus affected. The dementias are, of all forms of insanity, most often subject to this condition, notably so the paretics, but Tracy possessed no symptoms of paresis nor of any other forms of dementia.

Egotism is, in fact, more often a symptom of the successful sane. The successful man, whether he shows it or not, generally possesses the knowledge of his own strong points, sufficiently to employ them to a successful issue, while his neighbor, perhaps more gifted, standing in dread of his own weakness, loses the opportunities about him which his more confident neighbor dares to risk and win. The egotism of the paranoiac, as shown by Czolgosz or Guiteau, a blind, stupid belief in self and its ability to work out, what is thought to be a great reform, but along lines fallacious and senseless to every sound-minded man, are not in evidence in the case of Tracy. He had that belief in himself, which, possessed by a man of moral integrity and legitimately pursued would have brought success out of honorable undertakings. This egotism, barred of its selfishness, was the highest element in the make-up of the mind of this criminal.

The readiness with which Tracy took life and his lack of appreciation of the heinousness of the crime was characteristic of the basest nature. Instead of being an evidence of insanity, however, it was an evidence of an absence of the ethical appreciation of the possessory rights of others. With him, possession, whether of life or of property, depended strictly upon one's physical ability to retain. When his own interests were involved, nothing else appeared to be of the slightest importance. He then was governed by the ethics of our modern primitive progenitors, the cave dwellers. The fact that he did not destroy many with whom he came in contact, was no doubt due to the fact that he felt that his chances of escape would be greater, the less the number of non-combatant lives he should take in his journey, and also to his desire to establish a reputation for treating well those who treated him kindly for the future benefits it would offer him, rather than from any moral conviction that he would in doing wrong by adding another to his long list of murders, in his struggle for liberty. The public does not seriously take to heart the death of a soldier or officer at the hands of a man whom the military or officer seeking to kill or capture, and Tracy understood this sentiment.

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The cunning of his travels and elusion of his hunters was more the mark of a well balanced mind than of an insane person. Some people present the evidence, in both sane and insane instances, of an atavistic recurrence to that trait of the earlier forms of life out of which man has been evolved, in which secretiveness, the art of defense and escape from danger and restraint, are markedly manifest. Elopements from insane asylums, escapes from prisons, and elusion of capture in times of war, seem, with some individuals to be almost impossible to guard against. Some individuals seem to know, almost from instinct, by some special apprehensive sense, the approach of danger, a relic of the days when every fish must dart hither and thither to preserve its own life, and the savage beast watch incessantly against the approach of a larger and more savage foe.

In the insane case, however, with this true instinct markedly developed, general secretiveness and a desire to be alone is a part, and patients will often travel hundreds of miles before disclosing their identity, and remain out of sight of others for many days at a time, without food or shelter. On the other hand, the ordinary insane patient who escapes from his attendant, makes little effort to conceal himself, and is usually returned to his place of abode through his own manifest mental mal-integrity. Tracy exposed himself freely and demanded food and clothing as he deemed best for sustenance and covering and concealment.

The frequency with which he exposed himself has been adduced as an evidence of his mental unbalancement. What thoroughly sane man knowing himself to be hunted as he was, could long remain alone, unable to hear the voice of a human being, or to talk over his condition, or to ask some questions about his pursuers, and yet remain sane? He could not conceal his identity, therefore he disclosed it boldly in order to better control the people with whom he came in contact. It was a wise procedure and worked out well, exactly as he had planned it.

Tracy killed his partner in escape and crime. Was that an evidence of insanity? I believe not. In his lack of the ethical sense, he merely took into account the value of Merrill's life to himself. Merrill, he just learned, had been a secret witness against him before and he took that as a public reason for killing him. He evidently took advantage of him and shot him down in cold blood while Merrill's back was turned. Merrill made too much noise, Tracy explained. Merrill was growing tired. Tracy instinctively saw a menace to his own further flight in the probability of Merrill, worn out and discouraged, again turning against him, this time as against the greater rogue, and possibly seeking immunity and the $4,000 reward. Then, too, he may have wisely argued, that with one of the convicts killed by the other, the public would breathe easier and the chase would change its form. The public would be pleased rather than angered that one of the duo, at least, was out of the way. He therefore took Merrill's life, with as little compunction as though he were crushing out of existence a flea.

The whole method of his escape and the course he pursued through the country was that of a mind well organized and full of reason. The way he would report for rations at

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some farm house, discuss a programme of travel and then, after starting out, cover his tracks and go in the opposite direction; the next time to offer similar suggestions, knowing that his former and present plans outlined would be reported, but this time to go forward as actually planned, throwing off the trail the officers on the second occasion, because his course differed from the first one, was the action of a sane man. The turning aside of the bloodhounds, for weeks, through back-tracking, stream-crossing, and the use of pepper on his trail, and the frequent changing of shoes and clothing, were plans of a desperately-hunted and cunning individual, possessing more than ordinary sane judgment upon the most important matters of his whole life.

His death at his own hands was but the logical outcome of a plan long matured and often expressed. Many a man of less mental strength would have ended the fight in a like manner long before he did. The fact that he maintained himself so long through all this terrible hunt would have discouraged a man of less firmness. Even when bleeding to death, his leg badly broken, he still attempted to get away. He tried to stop the hemorrhage by the use of a strap, but, in view of the condition of the wound, as we all know, it was impossible to stay this flow. His life blood was ebbing away in spite of the best contrivance he could improvise. He saw himself in a small spot of ground, easily covered by the rifles of his hunters, which had already given him two wounds. He saw clearly, after crawling six hundred feet in such a condition, that he would not be able to go more than a few hundred feet more, and that even then he could be tracked by his own blood stains. He felt himself growing weaker from pain and hemorrhage. He had no near-by friends, who could by any possibility rescue him. A mob, or speedy judicial hanging, after much suffering, was the only other alternative. He chose a speedy and, what seemed to him, a more honorable exit from the troubles which he as a sane man saw were now certain to come.

He had often boasted that his own right hand and his 30-30 Winchester rifle were his best friends. He wanted neither to have a part in what he still felt was not the bravest thing for a sane man to do, and he, one of the bloodiest criminals in the West, placed the pistol to his head with his left hand, fired and went hence into eternity.

The question of motive and reasonableness of method should largely determine in studying the subject before us. The desire for liberty, regardless of consequences to others, to one of Tracy's moral make-up and ethical sense was enough to lead him to take advantage of the various opportunities and circumstances of his escape and long chase, and to commit the various crimes which he perpetrated while upon his journey of forty-seven days' duration; while the reasonableness of these methods, from the standpoint of escape, was best of all demonstrated by the fact that the officers and militia of two states and the local officers of fifteen counties and many thousands of men were unable to bring to an end this wonderful chase of 900 miles, until success had made careless this reckless, blood-thirsty, but, in my opinion, sane man.

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THE PROPHYLAXIS OF VARIOLA

By C. A. CORDINER, B.Sc., M.D.
City Physician to Astoria, Oregon

In order that an outbreak of smallpox may take place, two factors are necessary (1) a number of susceptible individuals; (2) the introduction into the body of the virus upon which the disease depends.

Now, the first is easily obtainable, due to the lax laws in many communities governing this protection, and the virus may come from any one of several sources.

(1) Persons already sick with the disease.

(2) Persons not themselves sick, or susceptible, but who, having come in contact with the poison, may convey it.

(3) Fomites (old cottons or woolens).

(4) The bodies of those dead with smallpox.

(5) The air surrounding a patient with the disease. It is not known to what distance the virus may be wafted through the air, but the distance as quoted by some men seems to be extreme. I do not believe it can be transferred more than a few yards.

For the prevention of the spread of smallpox different practices have been in vogue, namely inoculation, vaccination, disinfection, isolation.

Inoculation was introduced about the end of the seventeenth century, and was practiced among some daring individuals. It was not destined to continue long as a custom, nor did it have a large following in Europe, for it simply meant the inoculation of a person with the virus of smallpox itself. I can compare it with nothing more than a man who will set fire to his house, when he becomes aware that the block in which he lives seems doomed by that element. It was a decidedly poor practice, for not only was it quite possible that the people who were inoculated, thus making them sure of an attack, might have escaped, but persons with whom they came in contact might also have escaped infection, and I do not see how the virulence could be lessened at all, as it simply meant the passing on of the disease from one to the other.

Vaccination, on the other hand, gives us something different; it means the introduction into the system of something which we know to be milder or will antagonize that more dreaded disease. In what way it does this is not definitely settled; whether it leaves the elements behind detrimental to the welfare and growth of smallpox, or whether it removes from the economy elements common to their growth, is not for me to prove. In whatever way it does its work, it is most gratifying to know that we possess it, and we can never praise too highly that grand old country doctor, Edward Jenner, for his great work. The work by him entitled, "An Enquiry into the Causes and Effects

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of the Variola Vaccine, etc.," was one of the greatest blessings ever conferred upon mankind.

Of course, some things can be said against vaccination, for example, the unsightly scar, the swollen arm or leg, etc., but to what is this due? Frequently to the careless doctor himself, but much more frequently to the careless, dirty patient.

I vaccinated one boy, three years old, last January. I first cleansed the surface with boiled water, then with ether, rubbing dry with sterilized gauze. With a surgically clean needle I scraped the outer layers of the skin and with a capillary tube, prepared in the proper manner, I inoculated the boy; after letting it dry for a few minutes, I applied a shield and sent the boy home with his mother, who, during the operation was quite lavish in her caresses on the lad, with instruction to return in a few days if the arm showed any signs of becoming bad. Well, ten days after, that boy returned, and with what. Well, he had an arm and an axillary abscess or two, and a horribly dirty bandage. I asked the mother what she had done. She looked angry, and proudly said that *"that thing"* which I put on his arm itched so that she tore it off and put some vaseline on it and a bandage.

Think to how many uses that vaseline may have been put, where everyone comes along and dips his fingers into any corner of the bottle, and the bandage was not sterilized—far from it. Well, I then had on my hands what only too many of us who practice vaccination have. We are not to blame, and I cannot see where the vaccine is to blame for such results. I could cite other and even more absurd cases than this, where people will date malignant or severe gastric trouble from their vaccination, when it is only an unfortunate coincidence.

May the day be hastened when the medical world, as well as the laity, will recognize the true protection of vaccination. Of course, the opposition will say we have smallpox just the same. Why certainly we do; we know that, but with what results? Do our statistics show anything as we compare the mortality of the vaccinated as against the unvaccinated? What can be more conclusive than the mortality from smallpox in Cuba since our flag came to that shore? Why, before vaccination was made general the death rate was six times as great as now, when vaccination is enforced. This is not the only instance on record, as death rates from its introduction will show. But will not some of the cases have smallpox twice? Surely they will. And how are we to account for it? In about the same way we know that the introduction of vaccine virus will prevent the catching of smallpox in a great many cases, and render it a very much less dangerous disease, if not harmless, in the others.

Many of our opponents will argue against it, in that we may inoculate other diseases, such as syphilis, at the same time. Well, we may, if we live so "away back" that we cannot get a nice sterilized glycerine tube, and will then take a scab off some young buck's arm and, after maceration, introduce it into the arm of others, little wonder that such unfortunate events take place. Does that speak badly for vaccin-

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ation? Not at all. It is either the unwise selection of the operator or his mercenary disposition which prevents him from buying glycerine tubes or ivory points. I have not much choice between these. Of course, much could be said on both sides, but the small tubes, with their sterile glycerinized contents have a little the advantage in my affections. Certainly, most of us have met with disagreeable cases—ones that would almost cause you to say you would never vaccinate another, but most belong to the class I have quoted and the remainder to a class not less ridiculous.

And now I shall consider isolation. This is something all agree on, and it cannot be carried out too rigidly. The moment a patient is suspected he should be taken to a suitable dwelling, far enough from any public interference, and a nurse placed over the case—that nurse to be with the case all the time. The attending physician should be provided with a pair of rubber boots, a rubber coat and a hat with a mask entirely encircling his head, leaving only small holes for his eyes and to breathe through; likewise rubber gloves. It is not necessary for him to come in contact with the patient himself if he has an intelligent nurse, and if he does not actually inhale the patient's breath, and removes the rubber clothing on leaving the abode, and then sterilizing the face and hands with some antiseptic wash, there is little danger of his either contracting the disease or bringing it to others.

Disinfection would be unnecessary if we did not have any cases, but unfortunately we have, and until we find something equally as, or even more effective than vaccine to prevent it altogether, then we must use it. The clothing used by the patient and nurse during the sickness should be destroyed, the room or rooms occupied or visited by either should be closed tightly and sulphur or some other disinfecting material burned and the walls of the room thoroughly scrubbed with some antiseptic, such as corrosive. After the patient has left the quarters he should be obliged to bathe thoroughly and dress in new clothes. He is now fit to enter into the world again, little the worse for his attack, and with few pits, if all cases were as light as those occurring in my neighborhood during the last year.

I will say that out of sixteen cases which we had in and about our city, we had no deaths and but one malignant case. That case has not been vaccinated. Each new case came from other towns and was not contracted here.

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SOME OBSERVATIONS ON THE TREATMENT AND PREVENTION OF CATARRHAL DEAFNESS IN CHILDREN

By HICKS C. FENTON, M.D.
Portland, Oregon

Read before the Multnomah County Medical Society, March 4, 1902

It is not my purpose in this paper to review the subject of catarrhal deafness with the idea of giving out any cure for the incurable, nor is it written to report success. My only excuse for offering you this paper is that there is a general impression among the laity that catarrh and deafness are incurable, and that a repetition of a cold in the head is nothing and that they will outgrow it in time.

There is no doubt that the most common illness in our country is that of acute catarrhal condition of the upper respiratory tract, which is commonly called a cold. In this paper we do not propose to discuss all the factors in the production of a cold, but to only refer to the most common causes. With the mouth-breather, due to adenoids and enlarged tonsils, with constant change of temperature and a lack of the normal rarification of the air through the nostrils, no wonder there is a repetition of cold in the head.

Catarrhal deafness is most frequent between the ages of 2 and 14 years; at a time when the child is most susceptive to the eruptive and catarrhal fevers, and I believe it to be true that the starting point in deafness is much more frequent at this time than is generally recognized. I believe I can safely say, with your approval, that almost every case of scarlet fever and measles is at some time during its course attended with ear symptoms of a mild or severe character that receives little or no attention, but I am glad to note this neglect is growing less. We are able to cut short the course of certain diseases, and we, no doubt, are more successful in the lessening of pain and probably our mortuary table will show a balance in our favor over those of our forefathers, but we must admit that in our hurry to cure disease, in our attempt to ease and allay the symptoms of certain maladies, we are, many of us, not doing our full duty toward our fellow men in not having for our great aim the prevention of disease rather than its cure.

Our state and local boards of health all over the land are awakening to their duty, and while they are cleaning our streets, seeing to our water supply and sewerage, in attempting to give us the best possible hygienic surroundings, we, as individual physicians, should strive to demonstrate the cause of certain maladies, due more particularly to ignorance on the part of

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the individual regarding his own physical conditions.

We cannot be held responsible for the disposition and tendencies which we derive from our ancestors, nor are we responsible for the germs of disease which may manifest themselves in our blood as a heritage from former generations, but we are responsible when we allow congenital, hereditary or acquired conditions to go from bad to worse without lending some assistance, and in a great many cases cures.

The most grateful patient is the patient that gets good results and the most satisfactory treatment in catarrhal deafness is the early and preventative treatment, which treatment is largely in the hands of the general practitioner of medicine, as it is he who sees the case early, and it is, therefore, he who can do the most good.

The otologist sees these cases most frequently after all acute conditions have subsided, they either come with a chronic discharge from the ear or a chronic deafness, due to some catarrhal conditions, and when you inquire into the facts you find it has been years coming, and the same lame excuse is always offered by the parents, "Oh, doctor, I thought he would grow out of it."

The objective symptoms of these little ones is worthy of your notice.

First, we have mouth breathing, with characteristic dropped jaw and dry mouth in the morning.

Second, a peculiar physiognomy due to pinched, collapsed and depressed alae nasi, which gives a dull expression to the face.

Third, noisy respiration in the day and snoring at night, and upon examination you will find in a pretty large majority of these cases, nasal stenosis, due to adenoids, and if let alone, sooner or later middle ear catarrh will be the result.

As has been stated by some authorities, these vegetations tend to atrophy and disappear spontaneously when adult age is reached, hence the question may be asked by some, why not wait for this spontaneous disappearance? No doubt in slight cases presenting few symptoms, and especially if unattended by ear mischief, no harm would follow this policy of waiting, but in the great majority of cases such delay is met with evil consequences.

The influence of the obstruction upon the general health, mental development and the formation of the face, are results which may remain even if the glands themselves undergo atrophy. The danger of ear complications and greater liability to seriousness of infectious diseases, especially diphtheria and scarlet fever, is sufficient justification for an early operation. Children as a rule begin life in a healthy state, with the nostrils free of obstruction and with a double aperture for the admission of air in which floating dust and coarse particles are caught, but in all probability, however, by far the most important function of the nostril is not to simple filter the air from dust but to warm and moisten it.

The nose and its accessory sinuses constitute a very extensive and intricate apparatus. It has very important and extremely delicate functions to fulfill, and upon the proper fulfillment of these functions depends to a large degree our physical health, and any considerable change in its normal anatomical relations obviously

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means impaired function, and impaired function means an altered secretion, and with an altered secretion you have chronic catarrh, and with the onset of a slight cold, this congestion or erection of the vascular portions of the membrane generally, and of the turbinates with accompanying hyper-secretion, is the condition temporarily met with in every ordinary cold, and when permanently established in the swollen state of the membrane, it is known as rhinitis hypertrophica. With a hypertrophoid rhinitis and adenoids in the pharynx, the natural sequence of events will be nasopharyngeal catarrh, and it is this condition that is the most conducive to eustachian tube obstruction, either by contact with the swollen tissue or by obstruction of the orifice of the tube.

The next condition that is the exciting cause of catarrhal deafness in children, is enlarged tonsils. They never directly obstruct the eustachian tube, but by its frequent upward extension, the palate is pushed up and the action of the muscles thereby markedly impaired and it must be remembered that with this condition there is nearly always nasopharyngitis or adenoids, which should be attended to.

It has been the observation of the otologist for years past that catarrh of the nose and pharynx, which results in blocking of the eustachian tubes, is prone to lead to either mucoid, serous or suppurative catarrh of the tympanum. Later it may go on to acute inflammation, perforation, chronic otorrhoea, granulations, polypi, exostosis, labyrinth disease with associated tinnitus and vertigo, or to mastoid abscess and even intercranial suppuration, and in a great many cases ending in death. In every one of these patients you will find, besides their nasal and pharyngeal troubles, some functional disorder or habitual and grave transgression of nature's laws, that should be corrected.

Fully 75 per cent of all forms of middle ear diseases will show on examination or give history of naso-pharyngeal diseases and fully 75 per cent of the whole number of cases of intra-cranial abscess can be traced to aural diseases, and especially to suppurative affections of the middle ear.

Middle ear disease is a perpetual menace to the life of the afflicted individual, as I have shown. He is in peril every hour, and yet we frequently hear parents state that they thought the child would grow out of it. It is also a recognized fact that in the majority of cases the catarrhal process begins early in life and matures as age advances. Hence, whatever prophylactic measures are undertaken, they should, to accomplish the greatest good, be begun and followed out in childhood.

If the symptoms of adenoids were more generally recognized by the family physician, and their removal accomplished, we would not find so many chronic suppurative and non-suppurative inflammations of the middle ear with a history dating back to an attack of diphtheria, scarlet fever, measles or other fevers. As to the general treatment in this common catarrhal condition, attention should be directed to the general health and the use of proper clothing and bath, with the proper instructions to the little ones of the free use of the handkerchief.

Attention to the digestive apparatus, exercises and fresh air,

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and last but not least such local treatment of the nose and throat as may be necessary to assure freedom of nasal respiration and drainage.

You must not expect much improvement in hearing during or soon after nasal operation. In the after treatment of adenoidal operation it is safer to leave the parts alone for at least 48 hours, then you may use mild antiseptic nasopharyngeal sprays, which are beneficial and refreshing.

The complications that might result are secondary hemorrhages and suppurative otitis with mastoiditis. As to the recurrence of this growth, I would say it is very rare when the operation has been done under an anaesthetic, and with a fair amount of skill. But I have noticed that if a small fragment be left the inflammation consequent on the operation may lead to a rapid hypertrophy of the same, but in most cases, however, this apparently new growth will be almost as quickly absorbed. I am therefore not in a hurry to perform a second scraping, which may be necessary in the hands of even the best surgeons.

In my observation in this field of work, I will only offer one case of interest, the case of a child 13 years of age. He came to my office with the following history: He had had scarlet fever some six years before, which left a discharge from his right ear and which had never at any time healed. The parents had been told that the child would grow out of it. He was a mouth-breather day and night; patient was well nourished, with no emaciation or debility.

Upon examination I found adenoids in pharynx, for which I advised an operation. Under general anaesthetic, the adenoids were removed and the granulation of ear curretted and with six weeks' treatment, ear discharge apparently cured, he could breathe through nose normally and mouth-breathing was relieved. Some six months later this child was again brought to my attention with ear discharge and severe pain in head, especially in the back part, with enlarged cervical glands of the neck, slightly emaciated, with right nostril closed most of the time.

Upon examination of the pharynx, he had a slight enlargement in the post-nasal and pharyngeal space. The family history was good, no tubercular or cancerous condition had ever made its appearance. Father, mother and two sisters living. In this condition I advised another operation on enlarged glands of neck, with an additional curretting of post nasal space. I removed all the glands of the right side of the neck that were enlarged, which included some ten or twelve, curretted the nasopharyngeal wall, but failed to remove any more adenoid tissue. Patient recovered from the operation in two weeks, and I advised him to go home to the country, which he did.

Upon examination under the microscope of the substance removed it was pronounced lymph adenoma of the glands. The patient seemed to improve but slightly, and still had pains in head, so severe as to require morphine at times in order to get sleep. One month later an examination of the child showed the real condition. Sarcoma of the pharynx high up in the post nasal space, which had now developed so as to be seen

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bulging out of the pharyngeal wall where it showed below the palate.

After advising the parents of the grave condition, they asked if it could not be removed. After removed all of the mass that could be detected, which consisted of a tumor 2x2½ inches in diameter. The child suffered great shock and was very weak for some time. The pharynx healed, but the growth returned higher up in the post nasal space, and two months later produced death.

Microscopical examination of this last mass was pronounced spindle-called sarcoma. In conclusion with this unfortunate case, I would direct your attention to the following facts:

First, the neglect after scarlet fever.

Second, the untreated chronic ear discharge and adenoids.

Third, that adenoids may return.

Fourth, that recurrence should direct attention to the possibility of the development of a new growth, especially if the recurrence has been rapid.

Fifth, that sarcoma is not always accompanied by severe hemorrhage.

Sixth, that the result of microscopical examination should not always be taken in preference to testimony of direct examination.

I have in this article purposely avoided mentioning any special or detailed treatment, for I consider that every man who attempts this class of work must at least have a thorough knowledge of this important branch of specialty, therefore any suggestion from me in this particular would unnecessarily occupy your time.

Depletion and Depression.

We take the following from the Army and Navy Journal for August 9th: "The perusal of a letter written sixty-one years ago brings forcibly to view the change in medical practice which has occurred during this period. The writer was the nine-year-old daughter of a clergyman, and she describes how the doctors dealt with her father in a case of sore throat. First, they bled him; the next day they gave him calomel and jalap, and the third day dosed him with a powerful emetic. The effect upon the good clergyman is shown in a letter from him, dwelling upon the unsatisfactory state of his spiritual condition and rejoicing that life is so short, so that the end will at the most soon come. There is unconscious humor in the apparent absence of any suspicion that the doctors had anything to do with his state of spiritual gloom. As he lived forty-five years longer, and to the age of eighty-five, it is apparent that he had a constitution which was too much even for the old school doctors; but their victims must have been numerous. Here is a problem for the philosopher: To determine the relation between the old practice of medicine and gloomy views of religion. No doubt bad feeding and heroic systems of medical treatment are responsible for a very large amount of heresy that is abroad in the world."—Ex.

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IDAHO MEDICAL LAWS

Editor Sentinel—Sir:

In the March issue of the Sentinel, under the caption, "Failure of Medical Practice Acts," Dr. C. S. Moody, of Oro Fino, makes a number of statements to which I take exception.

Among other things, he asserts that the Idaho medical law is inoperative, and the "struggle for medical purity in this state has resulted in a gloomy failure," etc.

Granting, for sake of argument, that his statements were true, the publication of such a letter is certainly a most unwise and impolitic thing to do.

No wise general in charge of a military campaign would think for a moment of exposing to the enemy the weakness of his position, nor of informing him of the temporary failure of his plans. Certainly a most suicidal policy.

Dr. Moody's unfortunate letter has already borne fruit in the increased boldness with which a few are attempting to defy the law, and but adds to the embarrassment of every state board in their efforts to enforce the laws. If doctors would stop publishing their pessimistic wails and lend a hand, it would be a great stride toward the ultimate success of medical legislation.

Fortunately, however, Dr. Moody's conclusions are wrong and misleading, so far as they relate to Idaho.

Many physicians seem to think, and evidently this includes some medical legislators as well, that, once get a medical law on the statute books, and, "presto," the thing is done, and the unlicensed quacks and charlatans will flee like chaff before the wind.

While it is well known that to secure the passage of medical legislation is a difficult matter, the members of every Medical Examining Board will bear me witness that it is infinitely more difficult to enforce the same.

"The mills of the courts grind slowly," but the grist in Idaho is gradually growing finer, I am glad to report.

Since the passage of the present law, three years ago, the board has been in constant litigation against some four holders of bogus diplomas from a notorious "diploma mill" who were in the state prior to the enactment of the law, and who applied for and were refused license.

This litigation, which at one time temporarily went against the board, served to "stiffen the backs" and to encourage a number of other unlicensed offenders against the law.

After numerous delays incident to the workings of the courts, we secured, two months ago, a decision against the above mentioned parties, in the district court at Lewiston. This case was appealed and last Wednesday the Supreme Court handed down a decision sustaining the lower court, affirming the constitutionality of the law and the powers of the board.

This removes our greatest obstacle and shuts out our most virile opponents. The field is now clear for a vigorous campaign against the other illegals, who have no ground to stand upon. That it will

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prove ultimately successful, I have no doubt.

Besides the above, a great deal of good work and progress has been accomplished during the past three years. Convictions have been secured in a number of cases, with fines varying from $50 to $300 and costs, while no less than twenty others have left the state because of action begun or threatened against them.

Public opinion has been gradually influenced to a more favorable attitude toward medical legislation, and, best of all, the organized profession has, through the medical societies, been unified into a more active co-operative body than ever before. A fund is now being collected by voluntary contribution for the purpose of prosecuting offenders and enforcing the law. And a deeper interest than ever before is manifest.

The board has proceeded slowly and cautiously, partly because of lack of active assistance of local physicians where the unlicensed men were practicing, and partly because the former law having been successfully assailed and declared unconstitutional, it was thought best to proceed carefully until a number of decisions had been secured and the validity of the law firmly established.

That has now been accomplished, and I will venture the prediction that before the end of the present year Idaho will be the freest from unlicensed and illegal practitioners of any state in the Union.

Very truly yours,

R. L. NOURSE,

Secretary State Board Medical Examiners.

Large Doses of Antitoxin.

McCollom, in the Boston Medical and Surgical Journal, makes a plea for the use of larger doses of antitoxin in the treatment of diphtheria. The writer has made a careful study of the question, which has led him to the following conclusions:

1. That the ratio of mortality of diphtheria per 10,000 of the living was very high in Boston previous to 1895.

2. That the ratio of mortality per 10,000 has been very materially reduced since the introduction of antitoxin.

3. That the percentage of mortality in the South Department is lower than that of any of the hospitals taken for comparison.

4. That since larger doses of antitoxin have been given, the death rate has been materially reduced, this reduction having occurred in the apparently moribund cases.

5. That no injurious effect has followed the use of the serum.

6. That to arrive at the most satisfactory results in the treatment of diphtheria, antitoxin should be given at the earliest possible moment in the course of the disease.—Ex.

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COLORADO'S HEALTH FARM

Dr. H. W. Coe, Editor Medical Sentinel, Portland, Or.—Dear Doctor:

I beg space in The Sentinel to call attention of physicians to a very worthy undertaking by the Colorado Young Men's Christian Association. As is well known, Colorado is overrun with consumptives, a few of whom are rich, some just able to pay and a vast number who sooner or later become a burden on the community. There are thousands of young men in the vast arid West seeking to regain health. These young men cannot do hard work, but would gladly do light work for a mere living. To meet this class of consumptive the Y. M. C. A. has started a "health farm" near Denver, where worthy young men can live, do light labor out of doors, and thus have a fighting chance of life.

Being personally familiar with the arid West, and the conditions which the Y. M. C. A. propose to meet, and which the national Jewish hospital for consumptives at Denver is already meeting for the unfortunates of their race, it gives me pleasure to recommend to physicians (and through them to their wealthy and philanthropic friends) one of the most commenable charities that has fallen under my observation.

Any of your readers interested in the "health farm," which is to be a partly self-supporting farm, can learn all the particulars by writing the State Secretary, Y. M. C. A., at Denver. Or subscriptions can be forwarded through any local Y. M. C. A.

Very truly yours,

J. O. COBB,

Surgeon U. S. Marine Hospital Service.

After Abdominal Section—The Use and Abuse of Morphine.

Dunning summarizes his views as to this question in the Journal of the American Medical Association of April 12, 1902, in the following words:

1. The routine use of morphine and other preparations of opium is to be condemned.

2. For the relief of severe pain and marked restlessness morphine is much superior to codeine, though more prone to be followed by unpleasant symptoms, such as nausea, vomiting, diminished secretions, and constipation of the bowels.

3. The serious after-effects of morphine may be largely overcome by the drinking of liberal quantities of water before the operation, and the rectal injection of a pint or quart of the normal salt solution immediately after the operation, the systematic use of the colon tube, and the early action of the bowels.

4. In persistent vomiting not due to sepsis or peritonitis, small doses of morphine hypodermically not infrequently affords relief.

5. In secondary shock due to fright or overanxiety morphine in small doses is often a potent remedy.—Therapeutic Gazette.

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MEDICAL SOCIETIES

IDAHO STATE SOCIETY.

The following was the program of the Idaho State Medical Society for its tenth annual meeting, held at Moscow, Idaho, Thursday and Friday, October 9 and 10, 1902, at Odd Fellows' hall. The same was carried out mainly as planned.

A report will be published in the December issue, together with many of the papers.

Executive Business.

Meeting of the Council Wednesday evening, October 8th, at 8:30 o'clock, in the parlors of the Moscow Hotel.

Annual meeting of the Governing Board Thursday morning at 9 o'clock, at Odd Fellows hall.

Order of Business.

Calling the meeting to order.

Roll call by the Secretary.

President's report on the needs of the Society.

Annual report of the Council.

Report of the Secretary-Treasurer.

Reports of Standing Committees.

Reports of Special Committees.

Unfinished business.

New business.

Report of Nominating Committee.

Election of officers.

Selection of time and place of next meeting.

Reading and approval of minutes of this meeting.

Adjournment.

General Session.

Annual meeting of the Idaho State Medical Society general session will convene promptly at 1 o'clock at Odd Fellows' hall.

Order of Business.

Calling the Society to order by the President, Dr. H. A. Castle.

Report of Chairman of Committee on Arrangements, Dr. C. D. Parsons.

Address of Welcome, Honorable Mayor of Moscow.

Special reports from Governing Board.

Reports of special committees.

President's address, "Obstetric Points of Interest," Dr. H. A. Castle.

A select reading, Dr. I. S. Collins, Burke, Idaho.

Variations of Spotted Fever, Dr. L. S. Williamson, Parma, Idaho.

Paper (subject not announced), Dr. Henry Waldo Coe, Portland, Oregon.

Physiology, Dr. I. L. Magee, Wallace, Idaho.

X-Ray and Other Rays as Curative Agents in Malignant and other Diseases, Dr. N. G. Blalock, Walla Walla, Wash.

Discussion, opened by Dr. N. Fred Essig, Spokane, Wash.

Congenital Absence of the Uterus and All Its Appendages, Dr. G. E. Barker, Bonners Ferry, Idaho.

Discussion, opened by Dr. C. L. Gritman, Moscow.

Osteomyelitis, Dr. Andrew C. Smith, Portland, Oregon.

Discussion, opened by Dr. Jas. B. Eagleson, Seattle, Wash.

Apparent Affection of the Lachrymal Apparatus a Result Merely of Reflex Nasal Irritation, Dr. Adolph Blitz, Boise, Idaho.

Discussion, opened by Dr. Jessie Clark-Bennett, Grangeville, Idaho.

A Case of Intussusception Without Obstruction, Dr. Ed E. Maxey, Boise, Idaho.

Discussion, opened by Dr. G. P. Thomas, Spokane, Wash.

Nephroptosis, Dr. H. A. Castle, Pocatello, Idaho.

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Discussion, opened by Dr. Kenneth A. J. Mackenzie, Portland, Oregon.

A Few Lessons Learned from 600 Abdominal Sections, Dr. C. P. Thomas, Spokane, Wash.

Discussion, opened by Dr. N. G. Blalock, Walla Walla, Wash.

Appendicular Dyspepsia, Dr. Jas. B. Eagleson, Seattle, Wash.

Discussion, opened by Dr. Andrew C. Smith, Portland, Oregon.

Some Observations and Comments on the Spread of Typhoid Fever, Dr. C. W. Shaff, Lewiston, Idaho.

The Etiology, Diagnosis and Prognosis of Typhoid Fever, Dr. Ed E. Maxey, Boise, Idaho.

Treatment of Typhoid Fever, Dr. J. L. Conant, Jr., Genesee, Idaho.

Discussion on Typhoid Fever, opened by Dr. J. B. Morris, Lewiston; Dr. George Collister, Boise; Dr. Alex Hunter, Kendrick.

Installation of officers.

Adjournment.

Officers.

Dr. H. A. Castle, President, Pocatello.

Dr. John W. Givens, Vice-President, Blackfoot.

Dr. Ed. E. Maxey, Secretary-Treasurer, Boise.

Committee of Arrangements—Dr. C. D. Parsons, Chairman, Moscow.

Dr. J. L. Conant, Jr., Genesee.

Dr. C. L. Gritman, Moscow.

Dr. C. W. Shaff, Lewiston, and officers of the Society.

Committee on Legislation—Dr. O. B. Steely, Chairman, Pocatello.

Dr. J. L. Conant, Jr., Genesee.

Dr. L. P. McCalla, Boise.

Committee on Nominations—Dr. R. L. Nourse, Chairman, Hailey, and two fellows from each District Medical Society.

Committee on Publication—Dr. Ed. E. Maxey, Chairman, Boise.

Dr. George Collister, Boise.

Dr. John W. Givens, Blackfoot.

City and County Medical Society of Portland.

The regular meeting of the City and County Medical Society was held at the Hotel Portland, October 7, 1902, President Dr. C. H. Wheeler presiding. Present, Drs. Barr, Binswanger, Bell, Chipman, Coe, Coffey, Geary, Giesy, Gillespie, Gilbert, Woods-Hutchinson, Wm. Jones, Josephi, Kilpatrick, Mackay, A. D. Mackenzie, Moore, A. C. Panton, J. J. Pauton, Parker, Pettit, Skene, A. C. Smith, Story, Tilzer, Walker, Walls, Wheeler, Wiley, Geo. Wilson, Holt Wilson.

The meeting was devoted to a discussion on "Appendicitis, Its Surgical and Medical Aspects and Complications."

Dr. Wm. Jones began with the question of Diagnosis, in which he said that the diagnostic symptoms of this disease were familiar to all. Pain from infection, temperature as in sepsis of any part of the body, accelerated pulse, etc., were so well known that there was no need of his enumerating them. Then come the symptoms which would refer the disease to the abdominal cavity. As the hours pass on the pain usually becomes more intense and it is felt more on the right side and lower part of the abdomen, and if an examination is made the pain on pressure will be usually most pronounced in this region also. The pain on pressure, however, may be pretty widely diffused over the body in the early stages of the disease. The point of greatest tenderness will be in the region of McBurney's point; not exactly over that point, but very near it. Another significant condition will be the local rigidity of the muscles in this region. When there is peritonitis, if it is general the whole abdomen will be rigid. If there is local peritonitis there will be the localized

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muscle rigidity, and this muscular rigidity in appendicitis will be in the right iliac region. Now there are certain conditions that appendicitis may be confounded with. On the right side of the abdomen there are three organs which are very prominent, the right kidney, which is more often affected than the left kidney. If there is a displaced kidney, or movable kidney, it is usually the right one. The gall bladder, which is another vulnerable point in the abdomen, is also on the right side, and then in the female there is the ovary. Diseases of the tube and ovary can usually be easily distinguished by a vaginal examination. I have, however, not found out much by pressure through the vagina in case of appendicitis. The gall bladder, when it is distended, comes down to McBurney's point, and have found it two inches below this. Then you have a tumor, a small and indurated mass in the situation of the appendix and which may be mistaken for it. I have known the kidney, in my own experience, to be a misleading factor. The kidney may be misplaced permanently, giving the sensation upon pressure, which would be present in a case of appendicitis.

Dr. Woods-Hutchinson spoke briefly upon the question of causation and the medical aspects of the disease, making a plea for conservative surgery and the Ochsner method of treatment.

Dr. Andrew C. Smith, speaking upon surgical treatment, said that it has become an axiom in surgery that appendicitis is an operable disease, and can be treated promptly and effectively only by operation. This will be accepted by all at this date, but it is a highly debatable question as to when the condition should be operated upon. That little interrogation, "when," is now being made the subject of much discussion. There are still very many who will advise us to operate at once, when the diagnosis is made. I must say that I am not one of these, though I formerly was of that opinion. During a long period of years, almost co-eval with the entire history of the disease, and the operation for its radical cure, there have been a number of exponents of the theory that the operation should be done immediately. Others have pleaded for delay and the withholding of food or medicine. In the hands, you will remember, of Richardson of Boston, who was one of the most foremost men along this line, that method was very successful, even before the attention of the profession was called to the necessity of arresting peristalsis. I cannot understand the fact that he did not stumble upon the Ochsner method, as he approached it closely. The results were better than by operating promptly. Through some means or other, do not know just what brought it about in Ochsner's head, he resuscitated that old process of Stille's of checking peristalsis, only by withdrawing food, and cathartics instead of by opium. We used that drug years ago in the treatment of peritonitis, and many good results were obtained in that way. At any rate, he did it, whether or not through the method of Stille's, and he has done great good, I think, in having brought the matter to the attention of the entire profession, and having established the fact that cases treated along this line give better results than by the old methods. Now why is it that this septic formation within the appendiceal cavity can be dilly-dallied with from day to day and not cause peritonitis. Since Ochsner's paper came out a year and a half ago, I have been astounded, more than at anything else, at the

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extraordinary capacity of the peritoneal cavity to manage and to locate this septic mass, to thoroughly localize it, I say, when peristalsis is arrested. The case referred to by Dr. Hutchinson I shall briefly narate. The man came from up the Willamette valley, with a pulse of 140, abdomen distended and exquisitely tender at all points, shallow respiration; a most unpromising case. I washed out his stomach, washed it out several times, withheld all food and gave no medicine, especially no laxatives, and in 48 hours' time symptoms had subsided. The meteorism had disappeared, the pulse had gone down, respiration was deeper and better, temperature rapidly subsided, and he steadily progressed during the next few days till apparent recovery ensued; but he being a working man, and poor, insisted upon no further delay and upon operation. I was somewhat loath to operate just yet, thinking it better to wait longer. I did operate, however, and found a gangrenous appendix, an indurated mass of omentum, which contained pus, surrounded by a solid exudate, which for a man to contain within his body and not have septicemia was beyond my comprehension. This shows the capacity of nature, and especially of her peritoneal folds, to handle sepsis of such intense nature, thoroughly localize it, and then support patient until the intensity of the baccillary invasion had ceased.

I am not enough of a bacteriologist to know how it comes about, but I believe it is something like this with certain cases of appendicitis, which are recognized by their intense pain, high temperature and active progress. The very intense bacterial activity will last but a few days. If during these 48 or more hours we operate, I care not how simple the operation may be, regardless of our skill, there will be some degree of infection of that intense character, and there will be pus in the general cavity that will set up general peritonitis and death. I will challenge any one of you to look back upon his practice and say he has not had a case of that nature, or of less severity, and that as he now looks back upon it will confess that if he had left it alone and treated it by arresting peristalsis it would have passed through that degree to where it could have been safely operated upon.

I therefore wish to say a word as to the surgical treatment of appendicitis. That it be operated upon immediately, if immediate diagnosis is made, and the case has been seen very early. If it has been seen before there is diffuse pain, before there is any escape of the infection from the vicious little organ, within twelve hours if possible, certainly not over 24 or 36 hours, and the patient desires that it be operated upon, it should be done at that time. But this time having passed, and the case treated as one of colic, cathartics having been used and a vile septic mass having escaped from the appendix, it still being local, and it generally is, I say that the thing to do is to do nothing. Mayo says that "in these terrible acute cases, with drum-like abdomen, rapid pulse, 140 or over, a large proportion of them die under the anaesthesia." Cases of that intense degree will do better if left alone; nature gives a better chance than we meddlers could, in dissemnating still further that terrible infection. When does the time arrive, after waiting for the interval? I believe that it is better, getting along with rectal alimentation, to wait for the entire subsidence of the disturbance, say about three weeks, when the intensity of the infection has entirely passed by and the wall-

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ing up process is complete, and the whole septic mass can be removed with little danger.

Just here let me say a word about a drug, in the treatment of appendicitis, which arrests the disease; this is Veratrum Viride, used in the inflammatory stages of appendicitis, high temperature, etc. Norwood's tincture is found effective in bringing down a pulse 120 or 160 to 70 or 60, then giving it as the pulse requires it to hold it down to that figure, 60 or even 30. It should be used hypodermically. Let me again say that we should treat cases by the Stille-Ochsner method.

Dr. E. H. Parker, being called upon to speak on the operative technique, said that he was not accustomed to speaking in public much, and was very far from being prepared for this particular occasion, but, like all the rest, had had a little experience in the operative technique of appendicitis. The elaborate technique that was formerly so much used will now be given up on account of Ochsner's brilliant suggestion, and we will not have to deal with the saline solution, and the various other aids which the researches of physicians have suggested during the last ten years to save the desperate cases. Speaking of this class of cases and of the results which followed, we recall that the great Fenger reported 26 cases, wherein operation was followed by death in 25. In conversation with Fenger, speaking of this particular class of cases, he said that he thought that it was not within the power of mortal man to save a very large percentage of them. These are the cases to which Dr. Ochsner's suggestion especially applies, and which Dr. Smith so ably described, and I think that the danger to this class is largely a matter of the past. I shall in the future, until something better appears, follow Ochsner's method in these desperate cases.

Dr. A. J. Giesy, speaking of the complications of appendicitis, said that he did not see that there was very much left to say in regard to the complications of appendicitis, after what had been said upon the causation of the disease, as well as the treatment, and the surgical as well as the medical aspects. Has, however, met with a number of complications the mere mention of which will be, perhaps, sufficient. We have peritonitis or sepsis, which is, perhaps, the most dangerous complication that we have to deal with. If we treat appendicitis by the Ochsner method, which I believe, with the rest of you who have spoken, is the proper treatment for appendicitis, I shall still add opium. I have always used opium in appendicitis; have used it to the extent of relieving the pain.

Dr. A. C. Smith: I heard you say so ten years ago, and upon the same idea and same principle, that is now advocated by Ochsner and others, of putting the intestines into a splint and stopping peristalsis.

Dr. Giesy: Even for a number of years before reading Ochsner's paper I treated my cases of appendicitis by absolute rest in bed, withdrawal of all cathartics, giving liquid food and opium. Have seen a great many of my cases get well, and some that looked very serious, and was by some criticised and by others smiled at, but nevertheless that was my experience and is our experience today. I think, however, that there is a class of cases of complications of appendicitis, perforation, where even though the case has come to a point, where under the ordinary circumstance we would not think it advisable to operate early, early operation is really advisable. I do not believe, however, that any extended op-

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eration would do any good. Cases of secondary abscess of the liver do occur, and should be operated upon early. Again, we have a complication which has occurred to me in my own practice, and that was a case of phlebitis, with oedema of the leg, treated by rest in bed and elevation of the limb. There is no necessity of speaking of abscess and of the septic conditions that occur from infection through the operator or his assistants; with these we are all familiar. If cases are treated properly, complication will become less frequent every year, and particularly if the treatment of Ochsner is going to be as satisfactory as we now think it is.

General Discussion.

This discussion was opened by Dr. Moore, who said that he had been much interested in the discussion on appendicitis, as many of these operators had gone back to the methods of the old medical men. The general treatment for appendicitis in the past, is in keeping with what we believe at the present time. I have quite a little experience with appendicitis since the Ochsner method has been in vogue. Since July 1st have treated eight cases of appendicitis, and with all of them used the rest method, and these patients all got well. Some of them were very severe cases. Four of them had been operated upon before. One, a young man, was sick for twelve days, and all of this time was without food; after resting in bed for a few days hunger seemed to disappear. Had no hunger after three days. Patient was not more desirous for food after it had been cut off for ten days than after 24 hours. The fact that patients are deprived of food does not cause as much distress as you would think. Am glad to see that this old method is to be carried out.

Dr. Holt Wilson said that there was one point on which he would like to speak, and that is the withholding of fluids, or water more particularly. It seems to be the practice to withhold water after operations for laparotomy. I remember some years ago seeing an operation for the removal of the ovaries where the doctor, who was a very skillful surgeon, gave no fluids. After operations I long tried it, but after witnessing the torture of patients on account of thirst, have allowed them to have cold water and ice, and I find that they rest and get along better; even if they do vomit, the vomiting soon stops, and they get rested. Often in hospitals, having forgotten to leave directions about giving water, I have found that patients have been suffering torture on account of being deprived of water. However, it seems to be the custom of surgeons not to allow this.

Dr. O. S. Binswanger said that he just wanted to dwell upon one point which came out in the remarks of Dr. Smith in regard to veratrum viride. He did not believe his reasoning was sound. Veratrum viride has an inherent depressing effect upon the heart. Believed that simply giving veratrum viride to reduce the number of heart beats would be about the same as filling a boiler full of steam and shutting the escape valve. While veratrum viride may reduce and does reduce the number of heart beats, it is not, in any sense, curative, even though the heart is strong enough to resist its depressing effects without breaking down, just as a boiler may be strong enough to hold the steam and not explode.

Dr. R. C. Coffey: It seems to me that if there is anything that would strike a person in the discussion tonight, it would be the tendency of the human race to run in fads, and I feel that we are on a fad again. I think

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we are on the very extreme edge. Most of our reasoning is based upon the statistics given by Deaver and an equal number given by Ochsner, at the last, but one, meeting of the A. M. A. Deaver reported 416 cases treated in one year at the German Hospital, Philadelphia, with a mortality of 15 per cent. Ochsner, as he was a competitor of Deaver, immediately looked up his last 416 cases, covering a year and a half, and found a mortality of 4 per cent. At the time that these discussions were published the impression came to me, there is something wrong about the statistics, and what is the trouble? Since that time I have investigated the difference in the hospitals, and the difference in the class of patients treated in the two hospitals. I found that the German hospital treated charity patients, who have gone without a doctor for a long time, and have come to the hospital in the throes of death. Ochsner's was a nearly private hospital. His patients at the Augustana were practically almost all private patients, and nearly all Scandinavians, who are good, strong, working people, and send for a doctor immediately. I remember my own experience as interne in a charity hospital, compared with my own results in private practice, and comparing the results of men far more eminent in the profession, find that my percentage of deaths is not one-fourth of what these greater men have had in city hospitals. Ochsner does not state what sort of cases he has treated by this method. He says delay in the terrible fulminating cases of which Dr. Parker spoke, in other cases operate immediately. He does not state in what cases he operated immediately. We know that these cases, being largely in Dr. Ochsner's own practice, he would operate immediately. Therefore, these statistics are practically of no value until backed up by others. Circumstances are entirely different, and you know it is not the best people you lose, but it is the poor people who have put off sending for a doctor until it is too late. There is certainly a field for Ochsner's method, but it is in the cases mentioned by Dr. Parker, in which you find the pulse right down to the extreme limit. Dr. Smith is on dangerous ground, and his putting forth this argument, if he does not modify it, is certainly going to be the cause of many deaths.

In regard to the matter of technique we have been in the habit of treating by drainage, but how do we drain? Do we merely take a probe and push gauze in in that direction? Have seen that done many times, just take a probe and push gauze along with it. The method that I believe is best for drainage cases is to take, not a strip, but a roll of gauze, and push deep down into the cavity. In that way you do not dam up the cavity.

I think we are going to an extreme in this Ochsner method. There is one class of cases, the intense, fulminating kind, of which Dr. Parker spoke, in which it is to be largely used, cases which we would lose any way. The great many acute cases Ochsner treated were practically of this description.

Dr. E. P. Geary: There is one point which I wish to mention, as to gauze; it is regarding the removal of packing. I remember in one case operated on at the Sanitarium we used the gauze as Dr. Coffey described. Some complications ensued, and an abscess formed, because the gauze had been removed too quickly. It is better to allow suppuration to take place rather than to remove the gauze too quickly. This did not occur again, however, as we were careful about removing the gauze.

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Dr. J. Allan Gilbert: I would like to say a word in regard to Dr. Wilson's remarks, if he will not throw cold water on me, as he did on my cold baths in typhoid. Give a patient, by rectum, after any operation, six pints of saline solution, and this will satisfy the craving for water, and he will not appear to suffer from any dryness.

Dr. J. T. Walls said that he had been highly entertained by the discussion on this very interesting subject. A case of appendicitis is one which is fraught with danger from the time of meeting the case until recovery ensues. However, I only want to speak of the medical aspects. Have met with a great many cases of appendicitis at different times. The first thing that I do is to put the patient at rest, the next thing to apply the cold pack in the region of the appendix, a cold towel kept continuously over the appendix. I have not, as some others have done, withheld water. Have attempted to get a stream of water going through the patients if possible, and if the vomiting is persistent, report it to a surgeon. Have made a practice of giving saline solution. Use Rochelle salts and copious draughts of water. Have often thought that I had a very grave case of appendicitis trouble, but upon laxatives being given the patient had readily passed a lot of seeds, blackberries, raisins, etc. I remember the worst case I ever came in contact with was a cook who, through over-eating, had much pain and a very tender condition of the abdomen. She vomited persistently after getting saline solution. Soon after coming into the hospital she had copious evacuations of the bowels, and I found raisin seeds in the vessel the nurse showed me in the morning. Operation could hardly have saved her. Would like to emphasize the importance of putting the abdomen in a cold pack. Would also like to say a word in regard to Dr. Smith's drugs. Veratrum veride is a splendid remedy; it lessens the activity of the heart, putting it at rest as much as possible, and my favorite preparation is Norwood's tincture. Would not think, however, of giving ten drops at a time, unless in a case of puerperal eclampsia, say two or three drops every hour. Veratrum viride is good for stopping peristalsis; it allays the nervous irritation, and in place of putting the nerve to sleep, quiets it in a different way.

Dr. A. C. Smith, in reply to Dr. Coffey, said that he did not quote Ochsner either fairly or correctly. Dr. Ochsner gave a long list of cases that were treated by this method, and among them were some of the same class of cases that Dr. Deaver reported, which shows that results are better than this form of treatment. We may drop Ochsner's and Deaver's statistics and fall back upon the more general lists. Taking the statistics of the profession as a whole, it will be found that the mortality in cases of appendicitis, treated in the ordinary way, is about 20 per cent, some give it at 18 per cent and some 15 per cent—for the sake of argument say 15 per cent. The fact remains that Ochsner's cases, his long list of cases, show that the results are about 3 per cent. Dr. Mayo, who has not practiced this line of treatment as exclusively as Ochsner, told us in a private, professional discussion, that the percentage was reduced to about 4 per cent in his work, since he adopted this method. Dr. Coffey admits that in the fulminating cases this method is good, then why is it not so in the less severe cases, why will it not save life in the ordinary cases, where the tendency is to localize. If you will only give nature a

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chance, and allow her to do that which she has started in to do, the results will be all that could be looked for. We can get better results if we arrest peristalsis, until the intensity of the infection is subdued, for it depends not so much upon skill. Death results not from the primary infection, but from dissemination of the local infection. Therefore, arrest peristalsis.

Dr. Woods-Hutchinson: Dr. Ochsner does state the class of cases which he treated by this method. I have recently, through the courtesy of Dr. Parker, read his monograph upon appendicitis, published early this year, in which he very particularly states that he only operates immediately when he can see the cases within 12 hours or 24 hours, and in another paragraph, that only a small percentage of his cases were seen within 24 hours. As to the comparison between the Scandinavian and the German, my experience is that the German patient has a greater resisting power than the Scandinavian. The Scandinavian is a man whom you have to watch very closely or he will slip through your fingers. He cannot stand the bucketing about that the German and the Englishman can. Another point is, that although a year and a half has passed since the original publication of these rival statistics, not one of the followers of Deaver's method has yet been able to show a mortality anywhere near as low as many have by the Ochsner. It still shows less than half the mortality from any other plan.

Dr. O. S. Binswanger: I was requested by Dr. J. O. Cobb, who was not able to be here this evening, to ask the Society to give Dr. E. N. Huntchinson the right to be present at our meetings and to take part in the discussions. He thinks that Dr. Hutchinson has done valuable service to the Society, and that this privilege would be highly appreciated by him. The motion was promptly seconded and carried unanimously.

City and County Medical Society.

The second meeting of the City and County Medical Society of Portland was held at the Hotel Portland Wednesday, October 15th. The evening was devoted to a symposium upon "Gonorrhoea." Dr. Barrett discussed the acute stage and its treatment, Dr. Saylor the complications; Dr. A. E. Mackey the sequelae; and Dr. Tucker its modifications in the female.

A general discussion followed, in which nearly all present took part. No executive business was transacted. Those in attendance were: Dr. Amos, Barrett, Bell, Binswanger, Coffey, Jones, Lane, Labbe, Marsh, Mackay, Panton, Saylor, Skene, Storey, Tucker, K. A. J. Mackenzie, Walker, A. D. Mackenzie.

Multnomah County Medical Society.

We regret to be unable to give a more detailed report of the last two meetings of the Society. This was kindly promised us by the late Secretary, Dr. Tilzer, but in the hurry and pressure of preparing for his departure for Europe he was unable to write it out.

The first fall meeting was held in September, in the usual meeting place in the Marquam building, and was devoted entirely to executive business. After prolonged debate, the by-law relating to method of electing members was altered to conform to the new requirements of the State Medical Association, and a committee appointed to prepare plans for future action and report at a coming meeting. Dr. Walls was in the chair.

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The October meeting of the Multnomah County Medical Society was held October 7th at 8:30 P. M., in its room in the Marquam building, Dr. J. T. Walls presiding.

The minutes of the previous meeting being read and approved, the resignation of Dr. Tilzer as Secretary was accepted and his financial report approved.

Dr. L. Victoria Hampton was then placed in nomination as Secretary, and received the unanimous vote of the Society, the outgoing Secretary being instructed to cast the vote for her.

A symposium on influenza was the program of the evening. The etiology, pathology and symptomatology were thoroughly discussed by all present, many giving their own personal experience with the disease. The meeting then adjourned, to meet again the first Tuesday in November. Members present were Drs. Hubbard, Morrow, Manion, Hicks-Fenton, Buck, Tilzer, Walls, Hampton.

Chehalis County Society.

The Chehalis County Medical Society held its regular annual meeting at Aberdeen Tuesday, Oct. 7th at 8 P. M., President G. W. Overmeyer in the chair. The following papers were read:

Diagnosis and Treatment of Diphtheria, Dr. French.

Floating and Displaced Kidney, its Diagnosis and Treatment; Dr. G. W. Overmeyer.

Diagnosis and Treatment First Stage of Pulmonary Tuberculosis, Dr. Walston.

Manifestations and Treatment of Hysteria, Dr. M. L. Pearson.

Etiology and Treatment of Biliary Obstructions, Dr. D. A. Schumacher.

Dr. J. Wm. Scamell, Secretary.

Treatment of Locomotor Ataxia.

The most important consideration is, as a rule, rest in bed, which, if prolonged, often hinders the progress of the disease. In any case, undue fatigue or over exertion should be avoided. The rest cure is eminently suited to this condition. The second great indication is good nursing and plenty of good rich food which contains very little fat. The third indication is frequent warm baths. The greatest benefit results from saline baths at a temperature of from 30 deg. to 32 deg. C. The bath should not, as a rule, last longer than fifteen minutes. Chills and sweating should be avoided and warm clothing should be worn. For individual symptoms, electricity, massage, narcotics, and analgesics are indicated.—Indian Medical Record.

The Signs of Death.

The signs on which a medical man should rely as furnishing the best evidence of the reality of death, prior to the commencement of putrefactive changes, are: 1. The absence of circulation and respiration. 2. The gradual cooling of the body, the extremities cooling first, and the trunk last. 3. Gradual supervention of rigor mortis. 4. The production of post-mortem stains or ecchymoses. The careful observation of these four signs by a medical man will enable him to distinguish a living from a dead body.—British Medical Journal.

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EXTRACTS

RUDOLPH LUDWIG VIRCHOW.

His General Theory Regarding Cell Life—Applicable to Clinical Medicine of Today.

By the death of Rudolph Ludwig Virchow the world lost one whose career is a mile-stone in the path of scientific medicine. His early life and work was that of a scientific revolutionist. The impregnable fallacies of tissue construction were swept away by the formidable argument which is now to become his greatest monument: Omnis cellula e cellula. To this noted observer are accredited those theories and facts which formed the basis for cellular pathology. Virchow personally claimed no recognition for his research work in cytology. He disclaimed all title to originality in this new field, holding that only as an observer was he first to comprehend the pathologic importance of the individual cell.

In 1842 he advanced the view that the characteristic leucocytes of acute inflammation were the direct result of multiplication of connective-tissue corpuscles. This theory incited dispute and stimulated investigation. Addison and Waller contended that white corpuscles passed directly through the wall of a blood vessel. Discussion and research went hand in hand, swinging on the pivot point of the cell, per se. Cohnheim definitely approved the identity of the white corpuscles and, while overthrowing the theory advanced by Virchow, acknowledged that the fallacy of the great observer's original contention was the basis of all future work.

Conclusions deemed adequate to explain the various stages of inflammation were condemned. The cell became the object of critical study. Its histologic relationship to the human economy incited physiologists to undertake experimental work. Pathologists pursued to completeness the study of that intimate association between cell production and morbid growths. From these several lines of thought evolved the conception that the health of the human organism, as a unit, depended on the stability of cell life.

The chemico-biologic activity of the cell is explanatory of the value certain medical substances possess in the adjustment of disturbance due to inflammation. There exists an affinity in cellular tissue for hydroscopic fluids. Based on this known property of selectiveness the curative power of a drug must be estimated. Ehrlich's theory of "lateral chains" establishes the preference of the cell for toxines and the converse is equally true. That which is chemically compatible with the construction of the cell body ultimately forms a component part. The selective affinity for food, physical property of locomotion and constant presence in inflammation determined the necessity of adapting the curative treatment to environment of the life of the cell.

To the general practitioner has been allotted the task of demonstrating the clinical value of all laboratory research. To him belongs the field of clinical medicine. Through his efforts in every-day practice the useful knowledge of the pathologist

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finds its way to the patient. Thus the patient unwittingly becomes the exponent of convincing truth.

Virchow gave birth to a theory which determined itself into indisputable fact. In direct scientific application to principle Antiphlogistine was constructed. The immediate factor essential for success was the reduction of inflammation. This Antiphlogistine does through the physical process of osmosis. Relief from pain occurs on diminished pressure of the congested tissue. Through the admixture of bland antiseptics the chemical irritation of the nerve ends is neutralized. In every way, chemical, physical and medicinal, Antiphlogistine re-establishes the stability of cell life, by acting upon and dispersing the mass of extravasated fluid. Absorption rapidly takes place through the relieved lymphatics. Antiphlogistine is the only medium to impart recuperative energy to the inflamed tissues.

"In Medicina Qualitas Prima Est."

All the preparations of Wm. R. Warner & Co. are known for excellence of quality, accuracy, and uniformity of composition. The effervescent lithia water tablets furnished by this firm offer us a ready and effective method of introducing lithia into the system for the relief of the many disorders in which that remedy is of conspicuous service. The tablets are made in two strengths, one containing three and the other five grains.

Lithia water tablets promote the activity of the kidneys, increase the elimination of urea, and convert uric acid into a soluble form. These properties are an indication of their value in practical medicine. Their chief applicable is in gout and lithaemic conditions. By their instrumentality in conveying deleterious products harmlessly from the system they prevent its accumulation and, consequently, the damage which its constant presence inflicts. The pernicious influence of the products of imperfect metabolism upon the kidneys, heart, and blood-vessels is averted or minimized. The aggregation of insoluble and gritty particles in the form of gravel or stone is prevented by the continued use of these tablets. They will, therefore, often be efficient in saving the kidneys from disorganization and the patient from the agonies produced by the passage of a calculus. By an analogous action they obviate the formation of stone in the bladder and alleviate inflammation of that organ. These tablets are, moreover, of much service in rheumatic conditions, both articular and muscular. In the subjects of gout and rheumatism they improve the digestive power, and therefore tend to remove some of the causes of the various forms of mischief which those conditions are capable of producing throughout the body.

Warner's effervescent lithia water tablets are likewise useful in Bright's disease, acting as a diuretic and reducing albuminuria. In this manner they prevent the accumulation of toxic products. It must be recognized, from such considerations, briefly presented, that they possess a wide sphere of usefulness.—Monthly Cyclopedia of Practical Medicine.

The Old Way of Treating Hysteria and the New.

Our grandfathers laid the foundations of medicine, and in many ways their work is worthy of them. When shall the world ever see the equal of Watson, or when again shall there

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appear such a resplendent genius as John Hunter? The great need of the present time is for a great genius like Sydenham to arise and bring all of the scattered facts of medicine together and make of it a work which will bring out in an orderly system all the truth which the patient workers have laid on the altars of medical science.

In nothing has the profession made greater advances in recent years than in the treatment of nervous affections, and particularly is this true of hysteria.

Formerly a patient with hysteria was treated with derision.. She was looked upon as one who was pretending to be diseased and who were in fact vicious or lazy people.

The present day physician is altogether out of such loose unscientific methods. He carefully goes into the merits of a case and adjusts his treatment accordingly. Hysteria is now fully recognized as a disease which merits not only the sympathy of the patient's friends, but also the sincere efforts of the physician to cure.

Hysteria is generally evidence of neurasthenia, or impaired nervous system, and its treatment should comprehend the exhibition of those remedies which will bring about an improvement or removal of those conditions.

These patients should have open air exercise, and should have such remedies as will build up the system. The hypo-phosphites is one of the best general remedies at the disposal of the profession. The physician will find the greatest source of benefit to his patient in such a remedy as will give his patient a sufficiency of sleep and rest. In fact, many physicians now place their sole reliance upon Daniel's Conc. Tinc. Passiflora Incarnata. This remedy is an anodyne and nerve sedative of power and as an hypnotic it has no equal. Given in doses of a teaspoonful every two or three hours these patients get a sufficiency of sleep, the nerve tension, and hyperaesthesia are relieved. The patient ceases to be restless and weary of herself and in a short while all the elements in the case rapidly disappear, and the progress toward recovery is often so marked and quick that it is noticeable by all with whom the patient comes in contact.

Another excellent quality of this remedy consists in its mild laxative action. As is well known in hysteria there is generally more or less fecal autoinfection and fecal anaemia associated with these cases and the laxative influence of the remedy makes it indeed an ideal remedy.

Some physicians give certain remedies supposed to be more "foods" or nerve tonics. To say nothing for or against any remedy, let us ask the physicians of a remedy which brings about a quiescent state of the nerves, and which brings about normal sleep, is not in the truest sense of the word a nerve tonic? Daniel's Conc. Tinct. Passiflora Incarnata is not a remedy which is attended with evil results from continued employment. It does not set up drug addiction, or any other condition which is unpleasant or dangerous. Another point in favor of the remedy, too, is that it is entirely non-toxic and can be given in large doses without producing any evil result whatever.

In prescribing passiflora let us bear in mind that Daniel's Conc. Tinct. Passiflora Incarnata is the only reliable preparation of the drug.

H. O. HOYT, M. D.,
Sylvania, B. C..

Hydrastis in Diabetes.

The laity at times are the first to give important information in regard

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to some drugs not used by the profession in certain diseases.

I therefore report my observation of the use of one such drug of which I had no previous knowledge either from the text books on practice or therapeutics.

The number of cases which have come under my immediate personal observation has been small, but the results have been invariably beneficial.

The following formula was recommended by a gentleman to a friend for his diabetes, of which he had been suffering for about four years:

This formula has been taken by my friend for over one year almost continuously with no bad effect, and it will reduce the Sp. Grav. and eliminate all sugar from the veins.

I would like for the physicians at large to use this remedy on any case of diabetes, and if convenient send a report.

The results I have found to be in every case the same, but if the remedy is stopped so far as my observation extends the sugar gradually returns and the Sp. Grav. increases.

ALFRED H. BYARS, M. D.,
Maderia, Cal.

A Notable Improvement in the Therapy of Typhoid Fever.

In the city of Chicago, where a large number of cases of typhoid have been reported, Acetozone has been used exclusively in the treatment of about 300 of them. The concensus of opinion is that it causes the temperature to decline earlier than usual in the course of the disease, and it ameliorates the mental and physical condition of the patients, in all probability by controlling the toxemia.

Two Chicago practitioners, I. A. Abt. M. D., and E. Lackner, M. D., have thus far reported (Therapeutic Gazette, October, 1902), forty cases of typhoid, in children, treated with Acetozone, with but two deaths, a mortality of 5 per cent. One of the patients that died succumbed to pneumonia and pulmonary edema, the other to great pyrexia on the fifth day. Stupor and tympanites were almost entirely absent in all the cases; the characteristic typhoid fetor of the stools was markedly diminished, and the hemorrhage occurred but twice, and in the same case. The average duration of the febrile period, in 37 cases ,after beginning Acetozone treatment, was 13½ days.

Early this year Eugene Wasdin, M. D., of the U. S. Marine Hospital Service, Buffalo, N. Y., reported 27 cases (American Medicine, Feb. 8, 1902) of typhoid fever, 24 of which were treated with Acetozone, all of the patients recovering. The writer says: "Its application in typhoid fever has been followed by very happy results; its use has been directed to the destruction of the germ in its primary lung colony and also in its secondary intestinal colony, and it has been used by hypodermoclysis to combat terminal expressions, with the result that in 24 cases the disease has been limited almost entirely to the expression of intoxication from the primary focus, the intestinal symptoms remaining entirely in abeyance, and the disease has been shorn of many of its disagreeable features."

The same writer states that his patients were given from 1500 to 2000 Cc. of the aqueous solution of Acetozone daily. The diet was milk diluted with the same solution. The first influence of the drug is observed in the increased secretion of urine. The second influence to which attention is directed is the very pronounced decrease of the color of the stools, while plate cultures from the dejecta showed comparatively few germs.

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A Word As to Rational Therapeutics.

There has recently appeared in the Boston Medical and Surgical Journal of May 8, 1902, a brief paper by D^r^ B. W. Loomis, of Syracuse, N. Y., in which he discusses the influence which is being exercised upon therapeutics by the introduction of new remedies prepared by the synthetic chemists and the combination of older remedies placed upon the market by manufacturing druggists. He emphasizes the very important fact that there is a danger of the physician following the advice of the purveyor of these drugs rather than his own therapeutic skill, and instances cases in which careless physicians have come to administer remedies, solely on the strength of advertisements advocating their employment, without giving them careful examination and the question of the treatment due. Dr. Loomis publishes what seems to us sound therapuetic aphorisms, and we append them below. He believes that the essentials of a sound therapeutic method are as follows:

1. Keeping in mind the tendency of self-limitation of pathological processes and the possibility of cure as a result of natural forces, never prescribe a remedy that will interfere with, or upset the conservative efforts of, the organism.

2. Keep the problem of treatment as simple as possible by the exhibition of few remedies, well selected.

3. Bear in mind the possibility of aggravating existing pathological conditions and introducing new ones, by injudicious or too heroic methods of treatment.

4. Remember that the benefit to be expected from remedies is generally offset or neutralized when a large number of remedies are exhibited at the same time.

5. Try to remove the cause—this presupposes a careful study of the case, rather than a hasty prescription for this, that, or the other symptom.

6. Do not forget that most medicines are two-edged swords—if a medicine does no good it is likely to do harm.

7. Prescribe for conditions, not diseases.

8. When necessary, hit hard, but not too often.—Therapeutic Gazette.

The Etiology of Chronic Nephritis.

Dr. A. E. Elliott, according to the London Hospital Journal, is of the belief that the absorption of toxic material from the intestinal tract plays the most important part of its etiology. As a curious and interesting example of the manner in which the same facts may be differently interpreted according to the light in which they are regarded we would refer to what he has to say concerning the relation between kidney disease on the one hand and diet and purgation on the other. In the treatment of chronic kidney disease it has long been held by many observers that a careful dietary is a matter of the first importance. Of late some earnest protests have been made against the views which were generally held on the subject, but certainly until quite recent times the aim and intent of most practitioners in devising a dietary for a case of chronic Bright's disease has been to provide one, the waste products resulting from the digestion of which should not take the form of substances likely to irritate the kidneys or embarrass them in the performance of their functions. Again, the relief given to the nephritic symptoms by purgatives has been regarded as analogous with the relief often given by Turkish baths, due in both cases to a removal of the toxins from

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the blood, in the one case by the intestines and in the other by way of the skin.

To Dr. Elliot, however, the editor says, these facts appear in a very different light. Considering that, as in the nephritis caused by plumbism so in the other cases, the kidney disease is due to the presence in the blood of some irritating toxic material, and looking as he does to decomposition of the intestinal contents as the source and perennial fount from which this toxin is absorbed, he regards careful dieting as advantageous, because by its means —by givin a food little likely to decompose—the supply of toxins may be diminished; while he regards the morning purge, the clearing out of the colon, and the excitation of the functions of the intestine which are admitted to do so much good, as doing it, not by increasing the elimination of waste products circulating in the blood, but by clearing away the very source from which the blood is becoming poisoned.—Charlotte Medical Journal.

The Transmission of Venereal Disease in Water Closets.

The New York Medical Journal, Aug. 23, 1902, comments on this condition as follows: Time was when the suggestion of water-closet contamination as the origin of a gonorrhoea in a patient was received with guffaws by his associates and by an incredulous but suave smile by his medical attendant. Crediat Judaeus, non ego," was the universal state of the mind. To be sure even now, in the absence of very definite reasons to the contrary, we consider it much more likely to have been contracted in the ordinary way. But we no longer regard water-closet transmission as a reductio ad absurdum of etiology. Still, as there are many who may, even now, be ultra skeptical, we would call attention to an article by Dr. M. T. Brennan, in Revue Medicale du Canada for July 9th. Dr. Brennan saw a patient with an acute gonorrhoea, and learned that while waiting to enter his consulting room he had used the doctor's closet. The doctor took a slide from the discharge, and subsequently, moved by curiosity, examined the anterior and interior portion of the seat, and there found some crusts of pus, already dried. The crusts were moistened with sterilized distilled water and another slide taken. Both slides showed abundant gonococci. Dr. Brennan points out that, practically always, the penis of the man and the pubic hair of the woman come in contact with the front portion of the seat, and that almost infallibly, some of the crust, if present, will become moistened and be carried away on the person. Dr. Brennan enforces the very obvious, but rarely used precautions of (1) always examining the seat, (2) avoiding contact of the penis or pubes with the anterior part, (3) covering the forepart of the seat with paper, especially by women, (4) never pulling the plug until after rising from the seat, (5) cleansing the parts with paper after using public conveniences. Finally, he suggests a return to the method, in vogue a millenium ago in Pompeii, where the seats of the Sterquilinia were incomplete in front. By this means all contact would be avoided. We would add that, in our opinion, the circumference of the aperture in the seats of water closets is, in this country almost universally too small; in addition to the danger above mentioned, the compression of the nates seriously interferes with defecation and tends to induce habitual constipation.—Ex.

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BOOK REVIEW

Electro-Therapeutics, Radiography, Thermo and Hydro-Therapeutics are practically and thoroughly covered in the Journal of Advanced Therapeutics (800 pages, issued monthly, $3.00 per year.)

The reader is invited to join the "Founders" Club, and to all who order during 1902 the price is $2.00 for the first and each succeeding year. It is only requisite that you address following order to "Advanced Therapeutics," 156 Fifth Avenue, New York. Send me until countermanded (to Dec. 1902 free) the journal commencing Jan. 1903, per year $2.00, for which I will pay at the close of the year.

Practical Diagnosis. The Use of Symptoms and Physical Signs in the Diagnosis of Diseases. Fifth Edition, Revised and Enlarged. By Hobart Amory Hare, M. D., M. B. Sc. Professor of Therapeutics in Jefferson Medical College of Philadelphia; Physician to Jefferson Medical College and Hospital; Laureate of the Medical Society of London, etc. Illustrated, 236 Engravings, 25 Plates. Lea Bros & Co., New York and Philadelphia, 1902. Price, cloth, $5, net; one-half morocco, $6.50, net.

The present edition of this great work has been largely rewritten, in order to keep it abreast of the advances in diagnostic technique, and yet provide the practitioner with a manual which might aid him in the study of his cases. It will be remembered that the arrangement employed in this work in arriving at a diagnosis is similar in the order of their examination and importance to the methods of examination of the sick person at the bed side, as, for instance, under the head of vomiting the various causes which will produce this condition are described in detail. Physical signs and clinical tests have been added to symptoms in the present volume, as also have been added a large number of new illustrations.

If any publication in this country epitomizes modern progress, it is the Review of Reviews. The September number of that enterprising magazine interprets significant changes in American social and industrial life in a masterly way. Little can be added to its summaries of the wonderful crop statistics of the present season, while the nation's advance in manufacturing and in the solution of great economic problems is graphically described. Altogether, the September Review of Reviews is a sort of marker in America's industrial development for the year 1902.

A large proportion of space in the Review of Reviews for September is given to the farmer and his interests. In addition to the admirable editorial summary of the crop situation in "The Progress of the World," Cy Warman contributes an account of the recent migration of American farmers to the wheat lands of Northwest Canada; Clarence H. Matson describes "Improved Conditions in the American Farmer's Life," with especial reference to Kansas; William R. Draper gives "The Farmer's Balance Sheet for 1902," and Prof. Henry C. Adams analyzes "The Diffusion of Agricultural Prosperity," from the consumer's point of view. There is also an illustrated account of a giant automobile harvester at work in the California grain fields.

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Typhoid Fever. By J. T. Moore, M. D., M. C. P. S., Professor of Theory and Practice of Medicine, Medical Department of Hamline University, Minneapolis, Minn. Pages 159. Price, $1.00 net. G. P. Engelhard & Co., Chicago, 1902.

A readable little resume of the modern views of typhoid and its problems. The scope of the work is best described in the writer's own words: "Access to a very complete library impressed him that valuable conclusions were scattered among different writers * * * and that these conclusions brought together in a brief volume would give all the important results." The compilation is well done, but a trifle insipid, lacking the certainty of touch which can only come from wide and ripe experience.

The value of the bath in treatment is not enough insisted upon, and we are scarcely surprised that the mortality for 1901 at St. Barnabas Hospital is not yet reduced to the modern standard. Nor does it seem to us necessary in a modern treatise to enumerate symptoms and complications which will, if the Brand treatment is carried out, seldom appear in the course of the disease. Balneotherapy has robbed typhoid of half its terrors and many of its formerly most characteristic symptoms.

A Pocket Text-Book of Materia Medica, Therapeutics, Prescription Writing, Medical Latin and Medical Latin and Medical Pharmacy. By William Schleif, Ph. G., M. D., Instructor in Pharmacy in the University of Pennsylvania. New (2d) edition. Revised and enlarged. In one 12mo volume of 382 pages. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M. D. Cloth, $1.75, net; Limp Leather, $2.25, net.

This volume is intended to afford a condensed yet comprehensive textbook and work of reference on Materia Medica, Therapeutics, and a range of cognate subjects which can be grouped with manifest advantage. In addition to the paragraphs covering the physical properties, physical action, therapeutics and toxicology of each medicinal agent, chapters will be found on prescription writing, medical Latin, medical pharmacy and practical anaesthesia. Tables of doses, of poisons and antidotes, and of incompatibilities, together with a therapeutic index of diseases and remedies and a general index, conclude a volume which will certainly prove of service to practitioners as well as students. It contains in a concise, definite and assimilable form the essential knowledge required in the most complete college courses on materia medica and therapeutics.

The descriptions of drugs and their actions and preparations are crisp, clear and brief. An admirable feature is the list of the latest new remedies, which is very complete and up-to-date, giving valuable information upon drugs of which our knowledge has hitherto been derived almost solely from the advertising circular of the manufacturer.

A Text-Book of Physical Diagnosis. For Students and Practitioners of Medicine. By Egbert Le Fevre, M. D., Professor of Clinical Medicine and Associate Professor of Therapeutics, University and Bellevue Medical College, Attending Physician to Bellevue and St. Luke's Hospitals, etc., New York. 12mo, 440 pages, with 74 engravings and 12 plates. Cloth, $2.25, net. Lea Brothers & Co., Philadelphia and New York.

This work, although intended primarily for students and written by a

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teacher of long experience in one of the largest medical colleges and a clinician of high standing in three of the New York hospitals, will be warmly welcomed by practitioners for its concise presentation of the most recent findings in its important field.

Dr. Le Fevre gives careful directions and instructions for inspection, palpation, percussion, auscultation, etc., in diseases of the respiratory and circulatory systems and of the abdominal organs. The significance of these manipulations; respiratory and cardiac sounds, their production and modifications, both normal and pathological, receive very full explanation. Special chapters are devoted to diseases of the respiratory tract, heart, pericardium, blood-vessels, etc., and in an excellent section, illustrated with 12 full-page plates, the author covers the latest results in X-ray diagnosis.

The work has, of course, the "defects of its virtues," as our French cousins say. Concentration and predigestion are as difficult to combine with interest in book-writing as in food preparation. Dr. Le Fevre has struck the golden mean as well as could be hoped, but of course the whole fascinating subject of the physiognomy of disease, the play of color, the lines of the face, has had to be omitted and many life-giving details left out which do not lend themselves to the tabular form.

In the main the work is well up to date, but in the section on pathological chest-forms the old erroneous statement as to the flat shape of the tuberculous chest is repeated without correction or qualification, and the ancient and imaginary diagram-outline of Gee showing this alleged flatness is reproduced. Anyone who will take the trouble to simply place the tips of a pair of calipers or of a pelvimeter on the chest of a consumptive will promptly find that it is round instead of flat.

The Practical Medicine Series of Year-Books. In 10 volumes. Edited by Gustavus P. Head, M. D., Professor of Laryngology and Rhinology, Chicago Post-Graduate Medical School. Volume IX. Physiology, Pathology, Bacteriology and Anatomy. By W. A. Evans, M. S., M. D., and Adolph Gohrman, M. D., College of Physicians and Surgeons, Chicago.

This is an excellent and thoroughly up-to-date resume of the year's progress in the fields which it covers. Not only are the abstracts of the original articles well and intelligently done, but these are either woven into a continuous self-explanatory series or else the necessary preliminary data given in an introductory chapter or paragraph. Thus the busy general practitioner or the specialist in other lines is enabled to clearly and readily grasp the meaning and bearing of the newest departures and discoveries in other fields than his own. The section on "Antibodies," those mysterious but fascinating and most important results of the reaction of living proteid to stimuli, poisonous or otherwise, of which the antoxins are the most famous members, is particularly admirable in the clearness and interest of its presentation of a difficult but most promising subject.

The books are admirably adapted to the wants of the busy physician, who can, with the aid of the excellent index, put himself in touch with the latest developments in almost any subject in a mere handful of minutes.

Volume X. Skin and Venereal Diseases: Nervous and Mental Diseases. By W. L. Baum, M. D., Professor of Skin and Venereal Dis-

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eases, Chicago Post-Graduate Medical School, and Hugh T. Patrick, M. D., Professor of Neurology, Chicago Policlinic, with the Collaboration of Chas. L. Mex, A. B., M. D., Professor General Medicine Post-Graduate Medical School of Chicago. 238 pages. $1.25. Year-Book Publishers, Chicago.

This excellent litle volume presents the same clearness and compactness of treatment and explanation which has been alluded to in the former number. Especially interesting and apropos are the chapters upon Constitutional Relations of Skin Diseases, on Special Dermatoses, on Syphilis, the irrepressible, but ever new, in the first part, and on Epilepsy and its Treatment in the second.

Progressive Medicine. Volume III, September, 1902. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M. D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. Octavo, handsomely bound in cloth, 421 pages, 26 illustrations. Per volume, $2.50, by express prepaid to address. Per annum, in four cloth-bound volumes, $10.00. Lea Brothers & Co., Publishers, Philadelphia and New York.

In this volume the first article covers the diseases of the thorax and its viscera, including the heart, lungs and blood vessels, by that most charming of English medical writers and specialists, William Ewart, of London. It deals with a group of diseases that the physician meets constantly in his daily practice. To him a thorough knowledge of the latest advances in connection therewith is an absolute necessity, and here it is to his hand, gleaned, condensed, and in such form as cannot fail of appreciation.

Dermatology and Syphilis are treated by William S. Gottheil, Professor Dermatology and Syphilography in the New York School of Clinical Medicine, in a clear, lucid style, so easy of understanding, and so acceptable to the practitioner, who will find not only material for thought but information that will be found of infinite use in the treatment of this troublesome class of diseases that he meets daily in his practice.

Diseases of the Nervous System, from the pen of William G. Spiller, of the University of Pennsylvania, will be found not only of interest to the specialist but to all who have this class of patients come before them.

Few finer or more graphic historical pictures in words can be found in recent literature than the two papers on "History at Versailles" which The Living Age for September 27 and October 4 translates from the French of Eugene Melchior de Vogue, in the Revue des Deux Mondes.

One of the most authoritative and at the same time one of the most interesting narratives of the "Volcanic Eruptions in the West Indies," is contained in the report made by scientists sent out by the Royal Society to investigate the phenomena, which is published in The Living Age for September 27.

The distinguished explorer, Dr. Sven Hedin, has written for the Geographical Journal an account of his last three years' exploration in Central Asia. It will be found in The Living Age for September 27.

The Living Age has begun the serial publication of Edmondo de Amicis' delightful "Memories of My Childhood and School Days," which is

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one of the most naive bits of autobiography to be found anywhere. It is in the author's most characteristic vein, and his style, delicate though it is, loses little by translation.

Walter Sichel's "Some Phases in Fiction" in The Living Age for October 11, touches a subject of perennial interest and treats it freshly and justly.

Hugh Clifford's article on "Piloting Princes," reprinted in The Living Age from Blackwood's, is as diverting as a story, with its account of experiences with Indian princes. Incidentally, it throws a good deal of light on the native character and on the ties which bind the India of today to the British empire.

Practical Obstetrics. A Manual for Practitioners and Students. By Edward Reynolds, M. D. Surgeon to the Free Hospital for Women, Boston; and Franklin S. Newell, M. D., Assistant in Obstetrics and Gynecology in Harvard University. Pp., 554. Illustrations, 252. Lea Brothers, Philadelphia and New York.

A well illustrated, clearly written and well-arranged presentation of this important subject, the gate to family practice, as it has been termed. The illustrations leave a little to be desired in the matter of newness, but are well-chosen and abundant.

It is founded upon an extended experience in clinical teaching, and expresses the belief of the authors that the general principles of a subject are rendered more intelligible and interesting to the student when presented in connection with the practical details of bedside work.

If it appears to settle most points of practice dogmatically, the fault has been intentionally committed in the belief that a description of one justifiable plan of treatment is likely to be of more benefit to students than an extended discussion of the advantages of many methods.

The chapters upon the Pathology of Labor, Puerperal Eclampsia, Septicaemia, etc., etc., are particularly full and clear.

Theodore Roosevelt on "The Presidency."

Before his nomination for the Vice-Presidency Theodore Roosevelt wrote expressly for The Youth's Companion an article on "The Presidency." It will be published in the number for November 6th, this being one of the remaining weekly issues of 1902 sent free from the time of subscription to every new subscriber who at once sends $1.75 for the Companion's 1903 volume. When this article on "The Presidency" was written no one could have forseen or dreamed even that its author would so soon be called upon to take up the duties of the great office. For this reason alone what Mr. Roosevelt has to say possesses extraordinary interest, and will be eagerly awaited by persons of all shades of political opinon.

A twenty-eight page prospectus of the 1903 volume of The Youth's Companion and sample copies of the paper will be sent free to any address.

THE YOUTH'S COMPANION,
Boston, Mass.
144 Berkeley Street.

Where there is impaired digestion, alimentary derangement, defective nutrition and an anaemic condition of the system from any cause whatever, I have found Trophonine as a delicate, non-irritating nutritive, reconstructive, health-building tonic, the remedy par excellence.

S. S. NIVISON, M. D.,
Dryden Springs San.
Dryden, N. Y., Aug. 25, 1902.

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PERSONALS

Dr. Linton, of Astoria, has located in Portland.

Dr. Mary Ellen Galloway has opened an office in Boise, Idaho.

Dr. F. M. Boyle, of Whitehorse, Alaska, has gone to Valdez.

Dr. H. M. Shaw, formerly of Condon, has moved to Ashland, Or.

Dr. Walter Bell, of Nehalem, has located in Seaside for the winter.

Dr. J. T. Spellman, of Anaconda, was a recent visitor in Butte, Mont.

Dr. A. Tilzer, of Portland, has left this city for a year's study in Europe.

Dr. James M. Sleigh, of Anaconda, was a recent visitor in Butte, Mont.

Dr. C. E. Loomis, of Oregon City, recently spent a few days in Eugene, Or.

Dr. L. M. Sims, of Kalama, Wash., was recently a visitor to Astoria, Or.

Dr. Robinson, of Jacksonville, Or., has returned from a trip to San Francisco.

Dr. Emil Pohl, who spent the summer in Alaska, has returned to Portland.

Dr. C. E. Worthington, of Silver City, Idaho, spent some days recently in Tacoma.

Dr. E. A. Seaman, formerly of Oregon City, Or., has located in San Francisco.

Dr. T. L. Catterson, of Spokane, Wash., is building a roomy, comfortable house.

Dr. J. W. Plummer, of Nez Perce, spent several days recently in Lewiston, Idaho.

Dr. John S. Meyer, formerly of Silver City, Idaho, has moved to Nampa, Idaho.

Dr. J. Bristow, of Portland, is taking a post-graduate course in Chicago and New York.

Dr. J. S. Baldridge, of Seattle, Wash., is taking a post-graduate course in Chicago.

Dr. Newton Drier has returned from Australia, and has resumed practice in Vancouver, B. C.

Dr. C. A. Wilder, of Townsend, Mont., spent a few days recently in Helena and Missoula.

Dr. H. M. Shaw, who was formerly located at Berwick, Nova Scotia, has moved to Condon, Or.

Dr. W. Cronyon, of Toronto, Ontario, was appointed surgeon on the S. S. Empress of India.

Dr. Roberts, of Long Creek, recently spent several days with Dr. A. K. Higgs, of Heppner, Or.

Dr. H. V. Scallon has returned from a visit to Eauclaire, Wis., to his home in Coeur d'Alene, Idaho.

Dr. J. W. Thomas, of Salem, Or., has gone to Philadelphia to spend a year in post-graduate work.

Dr. William Hicks, who recently located in McMinnville, has settled in Ashland, Or., for the winter.

Dr. A. A. Deshman, of Livingstone, Mont., has resigned as surgeon of the Aldridge Miners' Union.

Dr. Alfred Kinney, of Astoria, has returned from an outing to the Palouse country, in Washington.

Dr. Tuthill, of Nicola Lake, B. C., has been appointed resident government physician of the valley.

Dr. L. S. Kennedy, of Somerset, Ky., has taken the practice of Dr. Vickrey, of South Bend, Wash.

Dr. Edwin Ross, of St. Helens, Wash., spent a few days of October visiting friends in Oregon City.

Dr. F. C. Lawyer, who has been

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spending some weeks in California, has returned to Belt, Montana.

Dr. J. B. Morris, of Lewiston, attended the session of the Idaho State Medical Society, while in Moscow.

Dr. H. Josephine Whitney, of Davenport, has gone to New York city, to attend clinics at the post-graduate.

Dr. George W. Overmeyer, of Aberdeen, Wash., has been appointed a member of the State Medical Board.

Dr. O. M. Jones, who attended the Medical Congress which met recently in Montreal, has returned to Victoria B. C.

Dr. Asa M. Willard, who had charge of the Lolo Hot Springs during the summer, has returned to Dillon, Mont.

Dr. G. S. Thompson, of St. Maries of Idaho, attended the State Medical Association which met recently in Moscow.

Dr. A. E. Wrightman, of Mansfield, Ohio, has entered into partnership with Dr. A. A. Leonard, of Silverton, Oregon.

Dr. H. E. Keylor, of Walla Walla, has been appointed physician at the State Penitentiary, to succeed Dr. J. F. Crapp.

Dr. Richards and family, of Almira, Wash., have taken possession of their beautiful house, which has just been completed.

Dr. Randolph Horsky, of Helena, is one of Montana's progressive men who may be seen in the policlinics of New York.

Dr. L. G. Wheeler, who has been visiting friends in Oregon City, has returned to his professional duties at Alamo, Or.

Dr. George Collister, of Boise, attended the semi-annual meeting of the State Medical Board, which met recently in Moscow.

Dr. J. J. Mahoney, who was called to Virginia City, Mont., by the serious illness of his mother, has returned to Anaconda.

Dr. MacGregor, of Ballard, Wash., is visiting his parents in Pueblo, Colorado, and will be present at the wedding of his sister.

Dr. W. E. Brownell, of Elgin, Or., who is a member of the pension examining board, met with that body recently in La Grande.

Dr. P. L. McKenzie, of Portland, Or., is absent on an Eastern trip. Dr. S. R. Vincent will have charge of his office during his absence.

Dr. W. H. English, of Missoula, Mont., on account of the ill health of both himself and Mrs. English, has decided to locate in Salt Lake, Utah.

Dr. Sweet, of Boise, Idaho, has returned from a very interesting hunting trip in the Sawtooth mountains, about the headquarters of the Boise river.

Dr. F. E. Wolfe, of Hatton, Wash., has recently located in Spokane, in the Rookery building. He will confine his practice to rheumatism and sciatica.

Dr. E. D. Carter, of Vancouver, B. C., surgeon of the R. M. S. Tartar, has been transferred to the R. M. S. Empress of India, and sailed October 7 for China.

Dr. H. M. Shaw, who recently located at Condon, has decided to make his home in Ashland, Or., as that climate seems to agree better with his wife Dr. Shaw.

Dr. E. T. Gagen, of Haines, Or., has moved to Summerville, Or., having purchased the property and practice of Dr. T. R. Monk. Dr. Monk has located in Island City, Ore.

Dr. M. C. Strickland, of Oregon City, is taking a post-graduate course in New York. Dr. W. H. Haviland will have charge of Dr. Strickland's practice during his absence.

Dr. L. N. McKechnie, of Vancouver, B. C., was elected by the Canadian

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Medical Association, which met recently at Montreal, local Secretary for the province of British Columbia.

Dr. Campbell, surgeon of the R. M. S. Empress of India, is visiting relatives in Toronto. From there the doctor goes to England, where he expects to spend some time in post-graduate work.

Dr. Gilchrist, of Vancouver, Wash., has been assigned as surgeon for the Eighth infantry at Fort Columbus, N. Y. On completion of the duty to which he is assigned, Dr. Gilchrist will return to Vancouver Barracks.

Dr. L. P. McCalla, of the firm of McCalla & Maxey, of Boise, Idaho, has gone East, where he expects to do some post-graduate work in Johns Hopkins Institute, Baltimore, and also in other Eastern points, and he may go to Europe before his return.

Dr. R. L. Nourse, of Hailey, Idaho, has gone East. He has gone to do post-graduate work in the large Eastern cities, and also in Baltimore, at Johns Hopkins Institute. During his absence, Dr. E. W. Kleiman, of Chicago, will have charge of his practice.

Dr. Mae Cardwell writes that she is voluntarily confined in a 10x15-foot cell in the Lying-in Hospital in New York City—not, however, as a patient, but simply as a student in the post-graduate medical school. She expects to return to Portland about November 15th.

Dr. William Parberry, a pioneer of White Sulphur Springs, Mont., died October 12, after a lingering illness. He was a good man and a good citizen, and was always willing to give a helping hand to those in need. His death will be sincerely mourned by all who knew him.

Dr. Jean C. Chandler, of Spokane, has recently returned from a visit to her Alma Mater at Chicago, where she has been doing post-graduate work. Dr. Chandler's practice in Spokane is one of the evidences that a woman can make a success of the practice of medicine.

Dr. T. M. Hampton, of Helena, Mont., who accompanied his uncle, Dr. William Parberry, of White Sulphur Springs, to Chicago, hoping the surgeons there might be able to help him, has returned. The case was inoperable, as he was suffering from hypertrophy of the liver and aneurism.

Dr. Stephen Woddson Dodd, a graduate of Rush Medical College, 1865, who located in Scio, Linn county, Or., the same year, died at the home of his sister, Mrs. Bridgeford, Albany, Or. He was a man of sterling integrity and great force of character. The remains were taken to Missouri for interment, where he had resided for some years.

The following successfully passed the Montana State Medical Board and are now legally qualified to practice medicine in that state: H. P. McCarthy, E. W. Trainor, C. L. Larson and A. Poska, Butte; J. E. Ragsdale, Belgrade; John Dunlap, Gold Butte; G. F. Tidyman, Harlowton; L. R. Packard, Whitehall; L. H. Fligman, Helent; B. E. Wiley and A. T. Munro, Kalispell; J. T. Brown, Missoula; J. D. Snisot, Chester; W. A. Peek, Thompson; E. A. Sweet, Townsend; B. Campeau, Frenchtown.

The following persons have successfully passed the examination of the Idaho State Medical Board: W. A. Goddard, Sand Point; J. W. Olson, Moscow; George S. Lesher, Murray; E. S. Brindle, Laclede; L. F. Rich, Rexburg; Mary Allen Calloway, J. B. Lewis, Edwin Van Note, Boise; M. E. Alexander, Northport, Wash.; J. A. Lyle, Peck; P. F. Hurlburt, Samuel A. Rowe, Lewiston; M. M. Harshberger, St. Anthony; Earl D. Boone, Placerville.

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MEDICAL SENTINEL

Volume X Number 12

DECEMBER
1902

By
Henry Waldo Coe, M.D.

Notes

Dr. D. H. Rand, of Portland, will soon sail for Europe. Dr. Rand writes to The Medical Sentinel that he has seen Edebohls operate on the kidneys for Bright's disease, and the results of a number of these operations recently have been quite brilliant. Dr. Rand has been hob-nobbing with a good many of the leading doctors of New York, and is now in Baltimore at Johns Hopkins.

Busted Advertising Agents.—It has just been one of the times of the year when some cheap advertising agent was due to fail, and so he failed. Nearly all the agencies doing business with medical journals during the past ten years have failed, and generally have paid nothing to their publisher dupes. There's a fool born every minute, and medical publishers, instead of confining their agency work to two or three reliable agencies seem ever ready to be suckers. So we say, "Next!"

The Pierce County Medical Society of Tacoma plans to do practical work and study this winter. Its members have organized themselves into a study club. It is their purpose, at each meeting, thoroughly and briefly to discuss some one disease. At the next meeting, to be held in the parlors of the Tacoma hotel on Tuesday evening, March 25th, the following program has been arranged: Subject, "Acute Rheumatism." "Etiology and Pathology," G. H. McGeer, M. D.; "Course, Variations and Symptomatology," A. H. Coleman, M. D.; "Diagnosis and Prognosis," F. B. Swearingen, M. D.; "Treatment," J. R. Yocum, M. D.; "Complications, Sequellae and Treatment," C. Quevli, M. D. The Society extends a cordial invitation for physicians who are non-members to attend. It has, also, undertaken the revision of the present "Medical Fee Bill." Dr. E. M. Brown is chairman of the Fee Bill committee. At the next meeting the new bill will be discussed, revised and adopted. This is a step in the right direction. Other Societies would do well to do the same; also, to devise some plan whereby physicians would bind themselves, under strict penalty, to maintain and enforce such a bill, and no longer to resort to the disgraceful methods, so much in vogue, of underbidding their fellow practitioners at prices ruinous both to themselves and to the rest of the profession.

Note From Cauthorn.—The following letter, dated at Naco, Arizona, where Dr. F. Cauthorn is surgeon for the Cananea, Yaqui River & Pacific Railroad, we publish because it will give his many friends in this part of the country his address:

My Dear Coe: The receipt of the October Sentinel a few days ago

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was the first news I had received of your election as President of the Society. Accept my congratulations upon your election, as a well-deserved compliment to your efforts in behalf of the general profession. You can hardly imagine how I enjoyed the photographs of "the boys" that this issue contained. It was almost like running on to them, unexpectedly, on the street. There were a few new faces. Let me compliment you on the whole edition. I should like to meet Woods-Hutchinson, as I think we would have many things in common. His editorials were excellent, and showed a broad grasp of many subjects. No news since my last.

Yours as ever,

"CAUTHORN."

We have asked Dr. Cauthorn to send us a longer letter for publication in The Sentinel, giving us some of his experiences in the Southwest. No one in this portion of the country has more or warmer friends among the medical profession than Dr. Cauthorn, whose high ethical standing and clean, manly methods, pursued for so many years, endeared him to all who know him.

Another Crying Need for a State Board of Health.—If anything further were needed to demonstrate the urgent need which exists for some State body to protect the public health of Oregon, it has been furnished within the past ten days.

The condition of a large dairy herd near Portland became so notorious that the State Veterinarian was galvanized into making an inspection and tuberculin test. Four cows were in such an advanced stage that they were killed at once and found riddled with tuberculosis, and no less than sixty others reacted to the test.

The state of affairs was carefully "kept from the papers," as the trustworthy official concerned is said to have informed the first reporter who interviewed him, and the dairyman proceeded to advertise an auction sale of his entire herd, without a whisper of warning being given to the public. Fortunately, the matter reached the ears of Portland's youngest and most enterprising newspaper and a complete and dramatic exposure was promptly made. In an evil moment the officials implicated—the State Veterinarian and the State Food Inspector—endeavored to still the rising storm by declaring that such a fuss was unnecessary, since "two-thirds of the dairies in the State were just as bad," but this didn't seem to reassure the public.

As a result a vigorous crusade has been set on foot for adequate meat and milk inspection under the control of the State Board of Health, echoed by all the leading papers of the State.

The thanks of the profession and public alike are due to the Oregon Daily Journal for its fearless and vigorous exposure of this serious state of affairs.

Award of Prizes.—Dr. Daniel Lewis, of Brooklyn, New York; Chas. L. Reed, and Dr. John Edwin Rhodes, the committee appointed by the Maltine Company, had no small task upon their ahnds in examining the 209 essays which were submitted in competition for the best essay on preventive medicine.

The thousand dollar prize was awarded to Dr. W. Wayne Babcock, 3302 North Broad street, Philadelphia. His essay is entitled "The General Principles of Preventive Medicine," and was submitted under the nom-de-plume "Alexine."

The five hundred dollar prize was awarded to Dr. Lewis S. Somers, 3554 North Broad street, Philadelphia. His essay is entitled, "The Medical Inspection of Schools—A Problem in Preventive Medicine," and was submitted under the nom-de-plume "Broad."

The two successful essays will be first published in representative

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medical journals, and then in permanent form for gratuitous distribution to the profession at large.

The competitors for these prizes came from the following states and territories: Alaska, 1; Arkansas, 1; California, 6; Colorado, 4; Connecticut, 5; District of Columbia, 3; Florida, 5; Georgia, 5; Illinois, 15; Indiana, 11; Iowa, 8; Kansas, 2; Kentucky, 3; Louisiana, 2; Maine, 4; Maryland, 2; Massachusetts, 12; Michigan, 7; Minnesota, 7; Mississippi, 1; Missouri, 5; Montana, 2; Nebraska, 2; New Hampshirt, 1; New Jersey, 4; New York, 22; North Carolina, 1; Ohio, 11; Oregon, 1; Pennsylvania, 25; Rhode Island, 1; South Carolina, 2; Tennessee, 1; Texas, 2; Vermont, 1; Virginia, 1; Washington, 3; West Virginia, 2; Wisconsin, 10; Ontario, 2; New Brunswick, 1; Unidentified, 5; total, 209.

The efforts of the Maltine people in this matter are certainly worthy of praise.

Dr. Thos. W. Musgrove at Mission.—Friends of Dr. Thos. W. Musgrove, who has during many sessions been a prominent figure in Washington Medical Societies, will be pleased to know that at his location in Mission he is in splendid health and doing good service. From a point of health his move has been very advantageous to him.

Carbolic Acid in Scarlet Fever.

Interest among members of the profession in specific treatment appears to be constantly on the increase and results of experimentation along this line are carefully watched. Considerable work with carbolic acid has been done lately in the treatment of grippe by Dr. Arthur Wigglesworth, of Liverpool, who has reported several cases of successful treatment with this medication. The same physician has had considerable success in the treatment of scarlet fever by the same means. His method consists in persisting in the treatment to the point of causing carboluria, maintaining this condition in the patient until the fever has thoroughly abated. This might well be expected to cause renal complications, but Dr. Wigglesworth's reports show that in his experience only three patients exhibited symptoms of this difficulty, and then in a very mild form.

Another point of the treatment is the claim that the infection from patients under the action of the carbolic is a very mild one, which, however, is said to be entirely efficacious in securing perfect immunity. Dr. Wigglesworth suggests that it would be advisable to permit children to contract the disease in its light form from patients under treatment rather than to let them run the risk of taking the disease in a more dangerous form later on. This procedure must, of course, be subject to the permission of the parents and until the treatment is more thoroughly demonstrated it is probable that little can be accomplished along this line. But any suggestion that will lead to reducing the mortality of so common a disease as scarlet fever can scarcely fail to obtain the interest of the profession, while a chance of lessening the probability of its becoming epidemic, especially among children, will be gladly welcomed, as much by physicians as by the parents of the children themselves.—Detroit Medical Journal.

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Editorial Notes

Silver Bow Medical Association.

The following program of the Butte, Montana, Medical Society, which holds its meetings on the 2d and 4th Wednesdays of each month in the Association parlors of the new hospital, is one of the evidences of medical progress which prevails in that great mining camp.

The officers of the Society are: President, Dr. Donald Campbell; Vice-President, Dr. Thomas J. Sullivan; Treasurer, Dr. T. A. Grigg; Corresponding Secretary, Dr. W. L. Renick; Secretary, Dr. John A. Donovan. The Trustees are Drs. Donald Campbell, T. J. Murray, L. Bernheim, W. L. Renick, J. McIntire.

The program for 1902-'03 is as follows:

June 11—"Otitis Media, Complications of," I. Donnelly, M. D.

"Otitis Media, Acute, Treatment of," T. A. Grigg, M. D.

June 25—A special business meeting.

"Advantages of Membership in a Local Society," H. J. McDonald, M. D.

"Ethics in Our Profession," C. Turner, M. D.

July 9—"Indications for Treatment in Infantile Gastro-intestinal Disorders," Bertha Mackel, M. D.

"Internal Antiseptics," J. B. Freund, M. D.

July 23—"Practical Points in the Management and Treatment of Children," J. W. Gunn, M. D.

"Prescription, the Art of Prescribing," I. D. Freund, M. D.

August 13—"Tumors of the Breast, Pathology and Treatment of," M. G. MacNevin, M. D.

"Cancer, Etiology of," B. O'Connor, M. D.

August 27—"Acute Nephritis," H. J. McDonald, M. D.

"Chronic Nephritis," J. McIntyre, M. D.

September 10—"Varicose Veins," A. W. Corner, M. D.

"Oedema, Causes and Treatment of," W. L. Renick, M. D.

September 24—"Appendicitis, Indications for and Surgical Treatment of," T. J. Murray, M. D.

"Appendicitis, Treatment of by Physician," D. Campbell, M. D.

October 8—"Anaesthetics, Resuscitation in Collapse from, General and Local," S. E. Schwartz, M. D.

"Anaesthetics, Choice and Administration of," Grace Cahoon, M. D.

October 22—"Eclampsia Puerperal, Proph. and Treatment," H. H. Townsend, M. D.

"Puerperal Septicaemia," L. Bernheim, M. D.

November 12—"Goitre," D. Campbell, M. D.

"Exophthalmic Goitre," C. Turner, M. D.

November 26—"Enteritis, Differences, Diagnosis and Treatment of," W. W. Taylor, M. D.

"Gastritis, Differences, Diagnosis and Treatment of," J. B. Freund, M. D.

December 10—"Obstruction of Upper Respiratory Tract in Children, Importance of Early Recognition," T. A. Grigg, M. D.

"Broncho-Pneumonia in Children," E. D. Leavitt, M. D.

December 24—"Recurring Tonsilitis," Jno. A. Donovan, M. D.

"Chronic Bronchitis, Etiology and Treatment," I. Donnelly, M. D.

January 14—"Chorea," F. W. McCrimmon, M. D.

"Infantile Convulsions," J. McIntyre, M. D.

January 28—"Hysteria, Treatment of," J. W. Gunn, M. D.

"Hysteria," T. J. Sullivan, M. D.

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February 11—"Scarlet Fever," W. L. Renick M. D.

"Fevers, General Remarks on," W. W. Taylor, M. D.

February 25—"Emergency Work, Methods in," S. E. Schwartz, M. D.

"Surgical Cases, Management by Country Physician," H. H. Townsend, M. D.

March 11—"Cranial Injuries," M. G. McNevin, M. D.

"Treatment of Spinal Injuries," B. O'Connor, M. D.

March 25—"Endometritis, Complications, Etiology and Medical Treatment," A. W. Corner, M. D.

"Endometritis, Complications and Surgical Intervention," T. J. Murray, M. D.

April 8—"Melancholia," O. Y. Warren, M. D.

"Epilepsy," F. W. McCrimmon, M. D.

April 22—"The Pioneer in Montana, E. D. Leavitt, M. D.

"The Social Influence of the Physician," (by invitation), J. S. Hammond, M. D.

May 13—"Dysmenorrhoea, Etiology and Classification," Grace Cahoon, M. D.

"Dysmenorrhoea, Treatment of," T. J. Sullivan, M. D.

May 27—"Eye Injuries," Emergency Treatment of," Jno. A. Donovan, M. D.

"The Eye and its Relation to General Diseases," L. Bernheim, M. D.

Mechanical Influence of the Respiration and Circulation Upon the Activity of the Body Organs.

Buttersack points out the mechanical influence of the abdominal muscles upon the activity of the abdominal organs, and shows how such activity is markedly lessened when the abdominal muscles are atrophied from non-use and disease. The movement of such muscles is directly influenced by respiration. Hence the activity of the abdominal organs is more or less dependent upon the force and character of the respiration. Respiration produces, therefore, a sort of automatic massage, which is an important factor in the maintenance of the physiological processes of the body. The favorable influence of massage upon pleural and peritoneal effusions has been definitely proven; that respiration in a certain measure produces such a massage cannot be denied, and its therapeutical employment should not be neglected. The mechanical effect of the circulation upon the activity of the body organs is an important factor in the maintenance and intensity of their physiological processes. The walls of the blood vessels being elastic, the motion of the circulating blood is transmitted in a series of impulses to the surrounding tissues and organs. Such impulses act as an excitant to cell activity. The influences of this mechanism when operative within normal limits cannot fail to be beneficial; when, however, such limits are altered pathological effects result. —Berliner klinische Wochenschrift, March 31, 1902.

Chronic Laryngotracheitis.

℞ Formalin, m xv.
Menthol, ʒ ss.
Tinct. iodi, ʒ ij.
Alcohol, ʒ j.

M. Sig. Inhale four or five times daily.—Ingals, Medical Record.

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A SATISFACTORY THEORY OF IMMUNITY AT LAST.—The profound and scholarly Huxley memorial lecture of Professor Welch has brought into striking prominence the fact that we have at last a reasonably adequate account and explanation of immunity. The theory was originally developed by the brilliant researches of Ehrlich, and while exceedingly complex in some of its detailed applications, has, in its underlying principle, almost the beautiful simplicity of the survival of the fittest, the law of gravity and the other great hypotheses. Briefly stated, it is that each toxin introduced into the system must enter the molecule of the living protoplasm of some of the tissues, and in order to do so, must unite with some particular sub-group of that molecule. This sub-group or "side-chain" is known as a *"receptor,"* and does not combine with the entire molecule of the toxin, but only with a corresponding "side-chain" or sub-group possessed by it, and known as the *"haptophore."* To express it in an exceedingly crude metaphor, the *receptor* may be regarded as the key-hole, into which must be fitted the *haptophore* key, in order to permit the entrance of the toxic molecule into that of the protoplasm . It must, of course, be remembered that the proteid molecule is now regarded as made up of an immense number of loosely-connected, and probably frequently changing sub-groups of atoms, some of which may be split off from the original molecule, or may combine with other external groups and thus build them into the original structure. Indeed this extraordinary power of constantly changing its chemical composition and thus giving off energy, without losing its form or identity is probably the

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chemical explanation of what we term "life" or "vital energy." Any molecule sufficiently highly-developed in structure, to be able to carry on chemical changes in its own interior, so to speak, without changing its form or losing its identity, is *alive.*

A TRAITOR WHICH TURNS GUARDIAN.—Now we will suppose that the toxin with its *haptophore* key has been introduced into the system and been admitted into the nolecule fortress by the traitorous *receptor,* what next happens? The cell, having lost its receptor in this deadly combination, promptly proceeds, after the well-known reparative method of living tissue, to produce another. This is neutralized by another *haptophore* and a further stimulus given to the cell to make good its loss. In a short time, if the cell be not absolutely overwhelmed by the attack, this process will have reached such a pitch that there are more receptors produced than there are haptophores to combine with them. The surplus receptors, therefore, float free in the blood and by promptly combining with the haptophore of any new toxin formed or introduced, thus robbing it of its power of attacking the living cells, constitute our familiar friend, the antitoxin. Immunity, therefore, against a given infection or toxin, will last just as long as these receptors are found in excess in the blood, or the cells retain the power of producing a surplus of them.

FOODS AND POISONS.—One of the most interesting and certainly least expected bearings of this theory, lies in the direction that as soon as Ehrlich began to investigate how the cells came to possess this peculiar structure and power, he found that it was really a food-taking mechanism. In other words, that the food proteids, and possibly even carbohydrates, were introduced into the molecule of the body proteids by means of the receptors corresponding to their peculiar haptophores. In short, poisons enter cells by food-routes. This, it seems to us, will go far to explain the most puzzling paradox, that acute infectious diseases, such as diphtheria, scarlet fever, tetanus and septicemia will frequently attack as severely, and run as virulent a course in, those who are in robust and vigorous health, as in weaker, less vigorous and even previously diseased individuals. Their active, vigorous and, so to speak, hungry cells will devour the toxins with the same avidity that they would seize upon healthful foods, and hence a furious and violent type of the disease may result. Later they rally their forces, and usually end by overcoming the attacking organism, but there is often a singular parallelism between the strength of the patient and the violence of the attack. Conversely the weak, delicate child, or undervitalized adult will frequently appear less apt to contract a contagious disease than his more vigorous brother, and have a milder form of the attack when infection occurs. This has frequently been commented upon, as a most providential tempering of the wind to the shorn lamb, the explanation from our present point of

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view of course being that the weaker and less aggressive body cells have, so to speak, as limited an appetite for toxins as for food.

IMMUNITY AGAINST ENTIRE CELLS.—So far, so simple. The application of this theory is clear enough, so long as we are dealing with invading cells, which form a clear and definite toxin, upon which their poisonous action depends. But there is another group of organisms, of which the tubercle bacillis is a type, which form upon culture media or even in the living body no true toxins at all, and few or very weak substances, which can be isolated, and possess injurious effects upon living tissues. The organisms are distinctly pathogenic, but they must actually live and grow in the living tissues of the body in order to produce their injurious effects. As is well known, the various forms of tuberculin are not toxins produced by the tubercle bacillus, but are extracts, or even triturates of the dead bodies of the bacilli. Here we must infer, either that the injurious elements are produced in exceedingly small amounts, so that a long period of contact is necessary for them to produce any effect, or that they can only be liberated by the death of the invading cell, or that, as Welch has ingeniously suggested, the tubercle bacillus can be stimulated to produce its toxins only in response to the attack of the body cells. In other words, just as the body cell when attacked by an invader is capable of producing substances which will destroy the attacking cell, so the invading cell, in its turn, can, in response to the resistance of the host cell, produce a substance capable of overwhelming its opponent. And this would probably be most likely to occur where the resistance was least vigorous. In short, tuberculosis is literally a battle of the cells, and the vigor of the resisting group is the principal factor in throwing the victory. Welch is inclined to regard it as unlikely that we shall ever be able to develop a definite and effective antitoxin for tuberculosis. This, of course, is confirmed absolutely by our unanimous clinical experience of the comparative worthlessness of tuberculin, and value of sunshine and high feeding.

ANOTHER APPLICATION OF THYROID THERAPY.—It has long been known that the symptoms of the myxedemic state, whether surgical or chronic, were those of slow auto-intoxication. Of late years the studies of the causation of puerperal eclampsia have strongly tended toward retarding this process as also of autotoxic origin. Furthermore, it has long been a fact of even popular knowledge, that the thyroid tends to undergo distinct enlargement during pregnancy, and the idea seems to have suggested itself almost simultaneously to German, French and English observers, that this might be a compensatory hypertrophy to overcome the excessive toxin formation. Acting upon this idea, careful measurements of the dimensions of the thyroid have been made in one of the large obstetric hospitals, with the result of finding that those women, in whom the gland did not undergo a dis-

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tinct enlargement about the fifth or sixth month, were almost invariably found to develop albuminuria and a much higher percentage of eclampsia than the normal. Acting upon this, Nicholson, of Edinborough, has used thyroid extract in one case of albuminuria with edema, in whom eclampsia had formerly occurred, and in several milder forms of the other auto-intoxications of pregnancy, with excellent results. Should his findings be supported by more extensive tests of the remedy it will prove an addition of enormous value to our therapeutic resources, for there are few conditions before which we feel so utterly helpless, and our control of which has been so little increased by the progress of recent years as puerperal eclampsia. The remedy is well worth a trial, especially as it belongs to that rare and fortunate class which, if it does not benefit, will at least do little or no harm.

The remedy has been found of benefit in *hyperemesis gravidarum*, and is extremely effective in some of the painful complications of menstruation which seem to be of auto-toxic character.

* * *

LORENZ'S VISIT AND FEE.—Now that the echoes of the extraordinary brass-band accompaniment, played by the yellow journals and lay press generally, to the recent visit of our distinguished colleague have died away, we can sum up the net gain and loss of the episode to the profession. There can be little question that the balance is heavily upon the credit side. First of all, although it was exceedingly trying to the natural man, to see the coming of our distinguished visitor openly heralded as a confession of inferiority upon the part of the local profession, and the operation spoken of with bated breath, as if there were not twenty men in America who were probably almost equally capable of performing it with its inventor, yet the continuous courtesy and cordiality with which he has everywhere been received and entertained by the profession has made a most favorable impression upon the laity, and has shown them that doctors are not, as frequently imagined, jealous of success and envious of superiority, provided these are genuine and attained by scientific and honorable methods; that they are prompt and cordial in recognizing merit and progress wherever they see it, no matter at what risk of apparent admission of inferiority, on their own part, or loss of splendid fees.

The second advantage, which has accrued to us, has come from the wide and vivid realization, as probably never before, that the best skill and care of the profession is at the disposal of any and every sufferer, whether he can afford to pay for it or not. Great was the astonishment of the Philistine reporter, on finding that the man who could get a fee of $125,000 for a single operation, was not only willing but delighted to do a dozen operations without any remuneration whatever, and also before an audience of his professional brethren, whom he carefully and elaborately instructed in the method of performing the operation for themselves. It was not until several days afterwards that it occurred to him that this was nothing more nor

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less than a reproduction of what could be seen in any large hospital clinic in this country, some three hundred days out of the year. It was an old, familiar fact, but it came with all the force of a new revelation, and never has the community been more firmly or vividly impressed with the fact that physicians are *men* first, scientists second, and money-makers last of all.

The third advantage lay in the size of the fee. To have it publicly, and even dramatically, established that there is no limit to be placed upon the value of human life, and that an operation which saves from death or from disfigurement worse than death, may be, at times, fitly and appropriately recompensed by a fee practically as large as the patient can honorably afford, has established a precedent of enormous value to the profession. Surely now that one hundred and twenty-five thousand dollars has been paid simply to heal a cripple, Congress will no longer feel like haggling over an appropriation of less than half that amount to recompense seven of America's ablest surgeons and physicians for a week's agonizing apprehension and crushing responsibility at the bedside of the Nation's Chief. Lorenz's great "star" fee, and the later ones which he also received, have left the profession not poorer but richer. No native celebrity could ever have demanded such a magnificent honorarium, and it will serves as an invaluable precedent for the future.

Editorial Gossip

Idaho State Medical Society

The late meeting at Moscow was the occasion of my second visit to that city, in attendance upon the State Society.

Throughout the session I could not help feeling a sense of sadness over the untimely end of Dr. Watkins, and his absence from the metting. He was Chairman of the Committee on Arrangements at the former session, and, in his usual thorough manner, this splendid man had looked after every want of the visitors and made the session one long to be remembered. To be shot down by a madman, in the very prime of his life, and in the midst of his greatest usefulness to the profession and to his State, in which he was a prominent figure, was an unmixed calamity.

Dr. C. D. Parsons, of Moscow, was Chairman of the Committee of Arrangements of the present session, and his adaptation of a scientific program and the business matters relative to the changing constitutions under the reorganization of the State Society agreeable to the A. M. A. regulations manifested that his selection for the position was a good one. The earlier hours of that session were necessarily taken up in getting the new machinery in motion, and I have since hoped that the next session of the Oregon State Medical may as smoothly fall into the new grooves as did the Idaho Society. Dr. Parsons acted as Secretary pro tem. of the session, and did his work well.

Dr. I. S. Collins, of Burke, is a new comer to Idaho. He introduced himself to the Society through a "Select Reading," which he presented in a 30 minutes interval, and which was an innovation in the usual scientific program of medical societies, demon-

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strating that as days go by customs change. Dr. Collins is a jovial fellow, and has already made many friends among the Idaho doctors.

Dr. H. A. Castle, of Pocatello, made a fine presiding officer. As president of the Society, he had many things to decide relative to the newer internal conditions of the organization, but his decisions were always cheerfully accepted and adopted. Dr. Castle made a long journey—a trifle of some 1300 miles—to the meeting, the longest of any member present, but he believes in medical societies, and feels that time taken in going to them is well expended. He had the honor of being the only doctor present who had two papers before the society, both of which were good. Under his President's address was a paper, "Obstetric Points in Practice,"—our leading original article this month—and the title of his other paper was "Nephroptosis."

Dr. Ed. E. Maxey, of Boise, the genial Secretary of the Society, was not at the meeting. He was missed, too, for no one else had quite so well in hand the various matters of the organization. He knows almost every doctor in the State personally, and could write a history of the profession there which would be very interesting reading. At the last moment he found that he could not get away, and so the Society had to get along without him. Dr. Maxey is finding in his partnership with Dr. McCalla, and at his newer location at Boise, a larger medical field, and one which doubtless suits him better than Caldwell did, yet with it come greater exactions, and the Society lost his presence at this session, because in the absence of Dr. McCalla, who had been away some months in post-graduate work, a double burden had fallen upon him, the remaining member of the firm. Then, too, the absence of either of these men, not a usual thing at Idaho State Society meetings, would be bad enough, and everywhere I noted special expressions of regret that both were away.

Dr. I. L. Magee, of Wallace, presented a scientific paper before the session upon the subject of "Physiology." It is a fact that in the every day routine of practice, the ordinary doctor is inclined to get away from pathologic and physiologic things and to work out only what he may denominate the "practical" side of medicine. It is the usual thing for papers to cover clinical events or passing incidents of medicine. It is, therefore, a pleasure when, once in a while, some doctor will present a paper covering the fundamental principles underlying the phenomena which present themselves in the practice of medicine. Dr. Magee has been located in Idaho since the very earliest days of modern history there, and it was the opinion of the doctors present that he had not served the Society right in not having earlier taken a more prominent part in its scientific work.

Dr. C. P. Thomas, of Spokane, presented an interesting paper in which he narrated a large number of unlooked for complications and some unsatisfactory events in his late operations, from which he sought to deduct conclusions of benefit to himself and to his hearers. Dr. Thomas is an easy talker, and has a persuasive way about him, and while issue was taken with him on some minor details, in a general way his remarks were fully approved by the surgeons who dis-

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cussed the paper. The title of his paper was "A Few Lessons Learned from 600 Abdominal Sections."

Dr. N. G. Blalock, of Walla Walla, always a striking figure in any medical society in which he may be present, opened up one of the most heated discussions, by his paper upon "X-Rays and Other Rays as Curative Agents in Malignant and Other Diseases," and again showed that the number of years a man may have lived is no evidence of his age or his ability to keep abreast of the very foremost matters in his own profession. The recovered case exhibited was a conclusive one of the good work which Dr. Blalock has been doing in X-ray and other ray work, for which he has equipped himself with the latest appliances, and the other cases reported would seem to indicate the effects of magic, rather than to be a modern day statement of actual fact. TheX-ray has come to stay as a therapeutic agent, and while its present users may be a trifle too enthusiastic over results, much good is doubtless being done and many remarkable recoveries brought about in certain kinds of malignant neoplasms.

Dr. Andrew C. Smith, of Portland, presented an address upon "Osteomyelitis," and one need not have been a surgeon to be sufficiently interested in what he said, and to be able to remember some things about that dread condition. The differentiation of this affection, in its early stages, from rheumatism and kindred ailments was especially dwelt upon, and I am sure that there was a feeling of high appreciation of the valuable service rendered the Society through this address.

Dr. C. W. Shaff, of Lewiston, opened the symposium upon Typhoid Fever under the title, "Some Observations and Comments on the Spread of Typhoid Fever," and his remarks were listened to with great interest. Dr. Shaff has been in Idaho since its early medical history, and his experience along the line treated of, has been much greater than that of most men in the practice of medicine. He is an able writer, a ready speaker, and possesses the ability to so impress his hearers with his statements, that what he says is remembered.

Dr. George Collister, of Boise, opened the general discussion upon Typhoid Fever. When Dr. Collister speaks, and he is a very unobtrusive individual, and rarely engages in a discussion except when urged, marked attention is given him, and he can be depended upon to say something which will be of value to his hearers, as in the present instance. Dr. Collister was elected as President of the Society. It was an honor to him, for he was the only homeopathic graduate at the meeting, and it was a testimonial to the sterling worth he possessed, that he should be thus honored. He has been in constant practice in Boise for 21 years. He is a faithful attendant upon medical societies, and has been one of the warmest friends the Idaho State Medical Examining Board law has had. Dr. Collister, beside being a doctor,

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is a business man, and has accumulated in practice a goodly estate. A medical friend at this meeting said: "Collister don't talk as much as some do, but we have already found that when there is some work to do he has been thinking, and has some good plan ready to accomplish the end desired." Dr. Collister is the homeopathic member of the present State Examining Board.

Dr. J. C. Conant, of Genisee, followed with a paper upon "Treatment of Typhoid Fever, and he pointed out that it was safer to follow general principles, meeting the emergencies in each case as they arise, rather than to have any cut and dried rules o practice. Dr. Conant is a deep student of medicine, and stands only for what is of the higher order in professional matters, whether touching the more intricate problems of physiologic or pathologic facts, or in the higher ethics governing professional life and conduct, which does not prevent him, however, from seeing the humorous side of passing events, nor from helping to make comfortable and happy those about him.

The present State Medical Examining Board consists of Dr. McCalla, Boise, President; Dr. Conant, Genisee, Vice-President; Dr. Nourse Hailey, Secretary; Dr. Collister, Boise, Treasurer; Dr. G. M. Waterhouse, Weiser, and Dr. Turner, of Cottonwood. The first two members of the Board were absent in the East.

The reputation of the Idaho State Medical Examining Board has become so general, as one having a high schedule of requirements for passing, that the Board is not, of late years, besieged by so many poorly qualified applicants as formerly. Three applicants failed to secure the requisite percentage at the meeting held just before the meeting of the State Society. The following physicians passed the Board: Drs. L. F. Rich, Rixburg; M. E. Alexander, Northport, Wash.; J. M. Lyle, Peck; S. A. Roe, Lewiston; M. M. Harshbarger, St. Anthony; J. B. Lewis, Boise; Earle S. Prindle, La Clede; N. A. Goddard, Sand Point; John W. Olison, Moscow; E. D. Boone, Placerville; G. S. Lesher, Murray; Edward Van Note, Boise.

Dr. Gritman, of Moscow, who is making a success of the Moscow Hospital, reported a case of successful operation upon the gall-bladder, by an original method. The Moscow Hospital has accommodations for about 25 patients, and is usually full. It has proved an institution of service to the community, and Dr. Gritman and his associates deserve credit for the good work which the institution is doing.

Dr. R. C. Coffey was quite at home in the meeting. He is an ex-President of the Society, and formerly lived in Moscow. He discussed the several recent methods, which he had reported at other medical societies during the past few months, and which have been reported in The Medical Sentinel upon former occasions, and his old friends were glad to see and hear from him.

Under the new arrangement, the State of Idaho is divided into two sections, governed respectively by the Northern Idaho District Medical Society and the South Idaho District Medical Society. The following amendments to the State Society constitution are published in full, as they show the present broadened movement in the State bodies. They were offered on the motion of Dr. Ed. E. Maxey, to make the local and State Societies conform to the newer regulations of the national body:

Amendment No. 1.

To amend Article II of the Constitution of the Idaho State Medical Society as follows: Strike out Article II and insert the following in lieu thereof:

Section 1. The purpose of this Society shall be to federate, and bring into one compact organization, the entire medical profession of the State of Idaho, and to unite with similar Associations and Societies in other States to form the American Medical Association, with a view to the ex-

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tension of medical knowledge and the advancement of medical science; to the elevation of the standard of medical education, and to the enactment and enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion in regard to the great problems of State medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

Sec. 2. The defending of all suits for malpractice, and all suits in any way effecting the professional status of any of its members, when unjustly brought; and it shall take cognizance of and prosecute violations of the Law Regulating the Practice of Medicine and Surgery in the State of Idaho.

Amendment to Article VII of the By-Laws of the Idaho State Medical Society as follows: Strike out Section 1, and insert the following in lieu thereof:

Article VII.—Membership.

Section 1. Each District Society shall judge of the qualification of its own members, but as the District Societies are the portals to the State Society, and, through it, to the American Medical Association, every resident physician who is reputable and legally registered, and who is practicing, or will agree to practice, nonsectarian medicine, shall be entitled to membership as active resident members. Physicians of like qualifications, but residing in other States, shall be eligible for non-resident membership, and physicians of eminence residing in other States shall be eligible for honorary membership.

To amend the "Form of Application" so that it will read as follows:

....., 19..

I hereby make application to the ..... Idaho District Medical Society for membership in the Idaho State Medical Society, and enclose herewith five ($5.00) dollars for membership fee and dues to the first of next January. I am a graduate of ..... of the year ..... I was regularly licensed to practice medicine and surgery in the State of Idaho in the year ....., and am practicing (or agree to practice) nonsectarian medicine, and I hereby subscribe to the rules and regulations of the Idaho State Medical Society, and agree to abide by the same.

Name .....M. D.
Address .....Idaho.
Recommended by
.....
.....

We have examined the credentials of ....., M. D., and do.... recommend him for membership in the Idaho State Medical Society.

.....,
.....,
.....,
Committee on Applications.

I have given these amendments in full in the body of this report of the meeting, in order to show that Oregon is not the only State wherein the State Medical Society is unable in one year to fully conform its regulations to the new order of things. The qualification for membership consists, as will be noted, in the applicant's being "reputable and legally registered."

The Northern Idaho District Society was organized and held its first meeting on October 10, 1902. The officers elected were: Dr. C. L. Gritman, Moscow, President; Dr. C. S. Collins Burke, Vice-President; and Dr. C. D. Parsons, Moscow, Secretary-Treasurer. The Executive Committee chosen consists of Dr. Shaff, of Lewiston, Chairman; Dr. Hunter, of Kendrick, and the officers of the Society. The Society is to meet twice yearly, but the time and place of meeting has not yet been announced. Idaho is such a large State, its geographical condition normally dividing the territory into two divisions, that the formation of these two Societies is a natural outcome of local conditions.

The South Idaho District Medical Society has organized upon a somewhat broader basis, its officers covering the territory more fully. The southern Society has been an active organization for some years, however, and in so much had the start of its

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northern associate. The southern organization is constituted as follows:

South District Executive Committee—Dr. B. L. Steeves, President, Weiser; Dr. L. C. Bowers, Vice-President, Boise; Dr. H. A. Castle, Secretary, Pocatello; Dr. Franklin LaRue, Idaho Falls; Dr. J. K. Dubois, Boise.

South District Nominating Committee—Dr. Geo. M. Waterhouse, Washington County; Dr. J. J. Hamilton, Canyon County; Dr. Geo. Collister, Ada County; Dr. W. F. Smith. Elmore County; Dr. O. B. Steely, Bannock County; Dr. J. W. S. Emerson, Lincoln County; Dr. R. L. Nourse, Blaine County; Dr. F. S. Wright, Lemhi County; Dr. A. Galbraith, Custer County; Dr. John M. Taylor, Bingham County; Dr. C. A. Hoover, Bear Lake County; Dr. R. F. Story, Cassia County; Dr. D. L. Blevins, Fremont County.

South District Committee on Applications—Dr. W. D. Springer, Boise; Dr. J. K. Dubois, Boise; Dr. J. J. Hamilton, Caldwell.

The report of Dr. Maxey, the Secretary of the State Society, showed 79 active members, 12 non-active members and two honorary members, and the financial statement showed the Society to be in a flourishing state. The meeting was certainly a successful one, and I have already promised myself the pleasure of an attendance at the meeting next year, which will be held in Boise on the first Tuesday in April, 1903.

Among those present were: C. D. Parsons, Moscow, Idaho; H. A. Castle, Pocatello, Idaho; G. M. Waterhouse, Weiser, Idaho; Geo. Collister, Boise, Idaho; A. Hunter, Kendrick; C. L. Gritman, Moscow, Idaho; C. W. Shaff, Lewiston; J. W. Stoneburner, Leland; J. N. Clark, Moscow; J. S. Collins, Burke; J. W. Olson, Moscow; Geo. S. Lesher, Murray; J. M. Lyle, Peck; J. F. Hurlburt, Lewiston; E. S. Prindle, Laclede; L. F. Rich, Rexburg; E. Van Note, Boise; Mary Allen Callaway, Boise; C. K. Henkle, Moscow; S. A. Roe, Lewiston; J. L. Conant, Genessee; J. W. Turner, Cottonwood; I. L. Magee, Wallace; J. B. Morris, Lewiston; E. L. Burke, Culdesac; T. C. West, Troy; M. M. Hirschberger, St. Anthony; J. B. Lewis, Boise; N. A. Goddard, Sand Point; E. D. Boone, Placerville; Wilson Johnson, Colfax, Wash.; N. G. Blalock, Walla Walla, Wash.; E. Maguire, Pullman, Wash.; C. P. Thomas, Spokane; F. W. Hilscher, Spokane; W. W. Webb, Pullman, Wash.; M. E. Alexander, Northport, Wash.; R. C. Coffey, Portland, Or.; H. W. Coe, Portland, Or.; Andrew C. Smith, Portland, Or.; E. J. Widby, Garfield, Wash.; A. E. Stuht, Colfax, Wash.; Charles James, Tekoa; G. W. Libby, Spokane; G. S. Armstrong, Spokane; R. L. Thomson, Spokane; N. Fred Essig, Spokane; J. D. Luty, Farmington.

The officers elected for the ensuing year were as follows:

New officers of the Executive Committee—President, George Collister, Boise; Vice-President, J. L. Conant, Jr., Genesee; Secretary-Treasurer, E. D. Maxey, Boise; C. L. Sweet, Boise; W. D. Springer, Boise.

Committee on Organization—J. M. Taylor, P. L. McCalla, J. M. Stuart, and the Profession of Boise.

Committee on Legislation—R. L. Nourse, J. W. Givens, C. W. Shaff.

Nominating Committee—J. L. Conant, Jr., Chairman; C. L. Gritman, J. Mc C. Lyle, O. B. Steely, M. A. Callaway.

Committee on Publication—Ed. E. Maxey, J. R. Dubois, John Brock.

Dr. J. W. Turner, of Cottonwood, has been one of the men to whom the profession of the State of Idaho, has been placed under lasting obligations. He it was, as a member of the Legislature, in the dark days when the fight was on most actively against the Idaho State Medical Laws, who, holding the key to the situation of other Legislative matters, put his foot down firmly and stated that if the Idaho medical laws could not go through that some other measures would likewise fail. He is a quiet, unobtrusive

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gentleman, and a man who has a firm hold upon the hearts of the profession and of the people who know him best. Dr. Turner was at Moscow, in attendance upon the State Medical Society, and also performing his duties as a member of the State Examining Board.

Whitman County (Washington) Medical Society

The very northern end of the country had the honor of the late meeting. It is 80 miles from Tekoa to the southern end of the county on the O. R. & N., and the general question of the strategic position of the meeting came to my mind. Certainly the meetings may be moved here and there until every portion has been represented, but on the whole and in due time two central points should be chosen where the meetings of this Society should be held. Colfax and Pullman are, in my opinion, the two best points for Whitman County Society meetings. The small number of doctors in attendance at this meeting was, in my opinion, an evidence where medical meetings had better be held.

Dr. Wilson Johnston, of Colfax, who was President of the Society, took as prominent a part in this meeting as he did in the Idaho State Medical Society. Dr. Johnston is an oculist, though, his own city not affording enough practice for a man to confine himself strictly to this line of work, he has extended his work to the general practice of medicine. His Presidential address, upon "Medical Ethics," aroused much discussion. Dr. Johnston has a way of getting along good-naturedly with his fellow practitioners, so that he is able to have work referred to him by his associates, with whom he is necessarily somewhat in competition in general practice, something which few men in his line would be able to do.

Dr. Charles James, of Tekoa, was Secretary of the October meeting, in the absence of Dr. Clough, who has moved to Newberg, Ore. He is a host in himself, and made up in personality what the Society lacked in numbers. He is a man who would rank high in the medical profession anywhere. He is a graduate of Trinity College.

Dr. R. L. Thomson, of Spokane, had a paper on the subject of "The General Practitioner." Dr. Thomson, it is needless to tell our readers, is also an eye man, and his paper was one of a practical character, giving advice to the general practitioner as to what to do in certain emergencies arising in practice, in which the specialist is not available, or the financial condition of the patient will not permit him to make the long trip to reach him. It was suggested at the meeting, that there were few oculists whose practices were in so satisfactory a condition as to permit them to advise the general practitioner how to hold and treat his special cases as fully as Thomson did.

Dr. A. E. Stuht, of Colfax, discussed the subject of Dr. Thomson's paper, and felt that many eye cases might be treated as well by the general practitioner, but if he is to attempt to care for these cases, he must also put more time than is usually done in the study of this line of work. Stuht is six feet four inches tall, and a good fellow his full length.

Dr. G. W. Libby, of Spokane, called attention to the disastrous consequences of ophthalmia neonatorum when badly handled, as it usually is by the general practitioner, and stated that he felt that in the care of these diseases the general practitioner was taking a good deal of responsibility, often more than he would find it had paid him to do, from any standpoint, and said that he was glad that he lived where he was in ready touch with special skill to which such cases might promptly be referred.

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Dr. N. Fred Essig, of Spokane, said that he felt that the general practitioner should at least be able to make a diagnosis of the more common ailments, which usually are turned over to the eye and ear specialists, and he thought that every practitioner of medicine, when doing post-graduate work, should devote a little time to this branch. In a like manner Dr. Essig pointed out that it was advisable in many cases of minor surgery that the general practitioner should care for the cases.

Dr. G. S. Armstrong, of Spokane, who especially fitted himself for eye work in days gone by, brought out the question that the practitioner of medicine should be an all-round man, but that he can only be this by a broad and comprehensive study of medicine, and in post-graduate work extending over a considerable length of time. He thought specialists should have referred to them their own line of work in intricate cases, which, in fact, is about all that they get anyway, but the general practitioner should be competent to make a diagnosis in most cases.

In this matter my own views coincide with those of Dr. Armstrong. It is very hard, unless a man has had a broad general knowledge of medicine as a student, for him to judge rightly the more intricate questions of diagnosis along special lines in the occasional cases which may come before him, but I believe that with the broadening basis of medical study that many of the errors which were pointed out by Drs. Essig and Armstrong will become things of the past.

Dr. E. J. Whidby, of Garfield, did not believe that the general practitioner should try to do special work. He did not feel that he should take the respcnsibility of such work. Dr. Whidby has been located at Thornton for several years, but has recently moved to Garfield, taking Dr. Clark's place. Dr. Whidby reported a case of brain tumor, showing specimen of the growth, which was in the anterior lobe and base of the brain, although there was no paralysis or pain. The patient has simply shown general weakness.

Dr. J. D. Leuty, of Farmington, agreed with Dr. Thomson, and felt that a large number of these eye and ear cases could be as well treated by the general practitioner, and that if so it was his duty and privilege to look after such cases.

Dr. W. A. Mitchell, of Colfax, and Dr. R. J. Skife, of Colfax, were voted into the Society, which now has over twenty members.

The new officers of the Society are: President, G. B. Wilson, Pullman; Vice-President, J. D. Leuty, Farmington; Secretary-Treasurer, Ed. Maguire, Palouse.

The next meeting is to be held at Pullman.

Exclamatory Rheumatism.

Martha, the colored washerwoman, was complaining of her husband's health to one of her patrons. The Christian Register reports the dialogue: "He's ve'y po'ly, ma'am, ve'y po'ly. He's got dat exclamatory rheumatism." "You mean inflammatory, Martha. Exclamatory is from exclaim, which means cry out." "Yes, Miss," answered Martha, with conviction, "dat's what it is. He hollers all de time."—Ex.

Hiccough Due to Gastric Indigestion.

The following combination, as a stomachic and gastric sedative, is recommended in cases of hiccough due to disturbances of the stomach:

℞ Sodii bicarb., ʒ iv.
Tinct. nucis vom., ʒ j.
Spir. chloroformi, ʒ ij.
Tinct. capsici, ʒ j.
Tinct. gent. comp., q. s. ad ʒ iv.

M. Sig. One teaspoonful in water after each meal.—Journal American Medical Association.

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PRESIDENT'S ADDRESS, "THE NEEDS OF THE SOCIETY"

By H. A. CASTLE, M.D.
Pocatello, Idaho

Read before Idaho State Medical Society, Moscow, October 10, 1902.

In order to consider our needs, existing conditions and facts must be studied. We have in the Commonwealth of Idaho about two hundred licensed physicians, more than half of whom are not affiliated with any organized medical body. To what can this apathy or indifference be due? Has organization no advantages, and is the sense of unity of the profession properly understood and appreciated? We certainly need some good missionary work among the almost incorrigibles of our profession, that they may have a clear understanding of the objects of organization. Our profession could be unified and sweep the world if a proper interpretation and appreciation of thorough and effective organization could be had universally throughout it.

I believe we have every reason to be encouraged and hopeful that in the near future this happy condition of affairs in our National Association may be consummated, and it is a consummation devoutly to be wished. The old aphorisms "United we stand, divided we fall," "In unity there is strength," breathe the essence of this same principle, that has been recognized as truth by the philosophers and sages of past ages.

Our first grand need, it seems to me, is to thoroughly and effectively organize the rank and file of the profession of our state. Organization is the golden key that has unlocked the gateway to the broad and expansive fields of research and discovery. Organization is the X-ray that has penetrated the depths and darkness of superstition and ignorance and illuminated with daylight splendor the pathway of scientific achievements. Organization has stimulated and revivified hope and ambition and caused all to strive with a feeling of courage and companionship. Organization has crushed selfishness, malice, jealousy and hatred, and planted in the bosom of man a common feeling of sympathy, loyalty, justice and universal brotherhood.

The power and potency of well organized effort is typically shown by the changed conditions of our profession, both as regards the profession *per se* and its relation to society generally, since the A. M .A. was organized. Organization has raised our National Medical profession from chaotic empiriciism and dogmatism to a national organized body of scientific workers. Dogmas and creeds, "isms" and "pathies" have melted away before the rays of scientific reason, until today we have a new

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school of medicine—a school of scientific honesty that demands only truth and facts, no matter from what source they may come. The only thing demanded of its votaries is that they may be qualified and able, and practice no exclusive system of medicine. As stated, it recognizes truth wherever found and acknowledges the modicum of truth contained in all systems of practice, that have been followed in the past history of medicine. It honors and reveres truth, facts and achievements above all other things, and its plaudits are ever generously and heartily given to the successful in research, discovery and advancement.

In order that every physician practicing legitimate medicine may have and hold an honorable place in the community in which he practices, that he may correct the local and legislative injustices and popular prejudices existing in his locality against the profession, as well as insure better medical service for his community, it is necessary that the profession be organized in that immediate locality. Our national organization is impotent to correct these evils without the hearty and efficient co-operation of the State, County and local organizations. Since the reorganization of our medical organization this demand for local and intimate organization has met with a hearty response, and today in every state, county and city the rank and file of the profession is being thoroughly organized. Passivity is giving away to activity, and under the aggressive policy engendered, the profession will no doubt soon be able to have effective legislative control of the practice of medicine and surgery, and an honorable place in every community.

Allow me to suggest a few things to be gained by such organization:

(a) The cultivation and advancement of medical knowledge will be increased.

(b) It will assure a more honorable and dignified place in the community for the profession generally.

(c) It will promote and maintain a higher standard of requirements in medical education.

(d) The medical practice acts between states will become uniform, which will result in state reciprocity.

(e) Our profession will have better representation in municipal, county, state and national affairs.

(f) We will have better hygienic and sanitary laws and conditions—better and more effective quarantine—better protection from endemic and contagious diseases—better care of indigent sick and insane.

(g) Our statistics from a health, sanitary and mortality standpoint will be more accurate and reliable, and the public will learn to have a higher opinion of and greater respect for our knowledge of sanitary affairs.

(h) Quackery, that Janus-faced monstrosity that has played upon the public credulity and menaced its health for so long, will be minimized or routed.

(i) The relations of the profession to the public and of the public to the profession will be better understood and appreciated, and the physician as an integral factor of the social fabric will assume the sociological position and status which properly and naturally belongs to him.

I feel that I would ill-deserve

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the place I have the pleasure to occupy did I not express to you my sincere appreciation of the generous suffrages which have given me this honor. It is an honor of which any medical man of our commonwealth might well be proud. As retrospection brings before my memory the character and lustre of the men who have presided over your past deliberations, it adds still greater appreciation, and as I reflect upon the remarkable progress made by the pioneer physicians of this state, who have labored so zealously for the promotion and cultivation of the medical sciences, and the elevation of the professional status and whose achievements are their own eulogies—this mark of distinction is indeed an honor that merits appreciation.

In closing let me admonish you that this new century offers many unsolved problems that stand as challenges to your intelligence, learning, knowledge, ingenuity, courage and industry. Preventible diseases are causing untold deaths all over our civilized world that only need the knowledge and efforts of our skilled medical sanitary experts to dissipate. The problems of tuberculosis, cancer, smallpox, cholera, typhoid fever, anthrax, diphtheria, leprosy, bubonic plague, and endemic diseases are not yet closed chapters, and need the scientific labors of our organized profession. The protection and promotion of public health, national, state and municipal, are capable of improvement.

The growth and efficiency of sanitary science was never so resourceful, but there are yet worlds to conquer. Although our sanitary, quarantine and laboratory progress has been very gratifying, our work is not yet completed, and needs the systematized and organized labors of our democracy of science—men who have the courage, ingenuity and industry to unravel the tangled and unsolved problems.

Standing at the threshold of a new century, it seems almost incredible what great advances, what brilliant achievements have been wrought, and what beneficent results have followed the untiring and persistent labors of our republic of letters. All this progress has been made possible only by a few factors, such as the almost miraculous changes that have occurred in all civilized countries, chiefly brought about by the increased rapidity of communication and information by telegraph, telephone and rapid mail delivery—the concentration of people in large cities —the manifold increase of our resources—the greater diffusion of knowledge, and, last but not least, the better and more effective organization of our profession as a result of common principle and common interests. The century just closed has been one of the most remarkable of all its predecessors for scientific discovery and achievement. Let us hope that the new century just opened, which lies before us, may have still greater achievements and progress to add to the already accumulated sum of human knowledge.

OBSTETRIC POINTS OF INTEREST.

In selecting a scientific subject for an inaugural address, and especially as I have postponed preparing anything until the last moment, it has been not a little puzzling and difficult to find a satisfactory topic to present to you. The above title was chosen chiefly because at the time our secretary

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wrote me for the title of my address to go on the program, I was then busily engaged with some practical phases of the obstetrical points of interest, of which I will speak to you.

A large portion of the pratice of every general practitioner must necessarily be obstetrical. From the commencement to the end of professional life the general practitioner will be confronted frequently with obstetrical problems. Just so long as conception occurs will the doctor, of necessity, be called upon for advice and counsel in the science and art of midwifery; and so, during the last hundred and fifty years, doctors have studied the phenomena of tocology, and it has grown into a science and art which is truly remarkable. I say the growth of obstetrics has occurred during the last hundred and fifty years, because previous to that time this vitally important branch of medicine had no representation in the curriculum of our colleges, as the first professorship in this branch to this time, the midwife had full had yet to be established. Previous sway and attended all classes. It is unnecessary to dilate upon their utter lack of knowledge of the mechanism of labor, their ignorance regarding antisepsis and asepsis, for their frightful morbidity and mortality speak louder than words, and show us how bacteriology has revolutionized obstetrics as it has surgery.

I propose, in this brief address, to ask your consideration only of some obstetric points of interest that are embraced under the autointoxications of pregnancy. Numerous investigators have been working and experimenting along this line in recent years, and today it is the hope of every student of obstetrics that future advances in chemico-biological research will throw new light upon these enigmas, and that science may at last wrest from nature the secrets of the origin, varieties and ultimate effects of toxins. It is not too much to hope that this knowledge may yet be forthcoming, and when it does, much of the pathology and etiology of pregnancy and the puerperal state, now hidden in mystery, will be better understood and scientifically treated. While the exact etiology of eclampsia is still obscure, recent medical literature proves that the toxemic theory of eclampsia is steadily growing. In the aggravated and pernicious forms of vomiting of pregnancy, many recent writers who have given the subject much critical study, emphasize the importance of toxaemia as the predominate etiological factor. While it is known that inflammatory pelvic disturbances, cervical catarrh, hysteria and neurotic disorders are at times important causes, and these contributory causes should be remembered and examined for and eliminated, at the same time careful inquiry into the functions of liver, kidneys and circulation should be made, as here the best evidences of toxemia will be found. The etiology will usually fall under one of three theories. Neurotic or hysterical, genital reflex or toxaemia. It is now recognized that *hyperemesis gravidarum* is not a pathological entity, but rather an exaggeration of the early form of vomiting of pregnancy, and like all the minor symptoms of pregnancy, such as nausea, ptyalism, neuralgia, irritability, constipation, dyspepsia, pigmentation, etc., is nothing more or less than indication

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of toxemia. The greater amount of chemical change going on within her system, and the additional strain put upon her, makes the pregnant woman peculiarly liable to suffer from auto-intoxication. If the excretory organs are healthy and functionate properly, few or no symptoms of toxemia may appear, the organism being able to regulate happily the production and elimination of toxins.

When we consider the additional strain put upon the heart, kidneys, liver, stomach, intestines, etc., of the pregnant woman, and that faulty action of one organ may act disastrously upon others, it is possibly better for mother and child to consider pregnancy in the majority of women a pathological process.

If this view were taken, the pregnant woman would receive much more careful study, and there would be a decrease in the number of cases of pernicious vomiting, albuminuria, and eclampsias. The hygiene of pregnancy would receive a needed impetus, and the prospective mother would have the comforting assurance that her medical attendant was well informed as to the probable dangers which might overtake her.

The physiologists and pathologists are still at variance regarding the pathology and etiology of albuminuria, pernicious vomiting of pregnancy and eclampsia, and it is quite probable they are not due to any one cause, but a number of them.

It is again to emphasize the importance of auto-intoxications as the predominant factor in these cases that I bring the subject before you for your consideration. Boufe, the distinguished French scientist and accoucheur, has made a critical study of the toxemia of pregnancy, and has given us some interesting facts. He points out that the healthy organism constantly manufactures various poisons within itself, which are usually transformed or eliminated. He affirms that the healthy body "makes incessant attempts at suicide by intoxication," and that health is only maintained by the protective action of the organs of transformation and elimination. He believes that enough facts and evidence have been collected to warrant the statement that during normal pregnancy there is both an over-production of the usual poisons, and that certain new ones peculiar to the pregnant state are also produced. He calls attention to the abnormal amount of leucomaines in the blood, the lessened toxicity of urine and increased toxicity of the serum. He points out some of the characteristics of the pregnant state that favor auto-intoxication, such as the decreased number of red blood corpuscles in blood and the increased demands made upon the liver, kidneys, heart and lungs.

Boufe champions the "hepatic toxemia" theory. It is the faulty action of the liver which is of most importance in the production of the intoxication according to his opinions and study. He acknowledges, however, that the kidneys play an important, but secondary, role.

He writes entertainingly of the symptomatology of toxemia of pregnancy. Vomiting is the first and commonest symptom, usually accompanied by dyspepsia and constipation. In fact the common subjective phenomena of pregnancy are the first signs attracting attention to the condition. He regards

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pruritus as a serious omen. Salivation occurs often, and may be severe. A serious manifestation of toxemia is vomiting, lasting after the fourth month, as manifestations of marked liver trouble, the triple sequence of insomnia, icterus and yellow atrophy occur. Intoxication may effect the nervous system at any point from periphery to cortex, as in peripheral neuritis, mania and melancholia of pregnancy. Albuminuria may occur at any stage of pregnancy without renal lesions. Urinalysis usually proves no albuminuria, decreased urea and increased uric acid, extractives, indican and peptones may appear in the urine. As a certain sign of hepatic deficiency, glycosuria is regarded as such. He regards the increase or decrease of the toxicity of the urine as a valuable prognostic sign. With mild symptoms of intoxication and increased urinary toxicity the poisons are getting past the liver and being excreted by the kidneys; a decrease again means the poisons are passing both kidneys and liver and accumulating in the circulation, a prognostic indication of danger. Boufe urges early prophylactic treatment in all cases showing minor symptoms of toxemia.

The greatest therapeutic desideratum being an early diagnosis, milk diet, and elimination by all the emunctories of the body. In grave cases, when hyperemesis or eclampsia occur, that does not yield to persevering and skillful medical treatment, the uterus should be emptied as speedily as possible, consistent with mother's safety.

While all these theories are still *sub judice,* they certainly explain more of the facts than any previous theory. Other important facts are also to be gleaned from these studies. We have at least learned that the presence or absence of albumen is insufficient evidence upon which to properly estimate a pregnant woman's condition. Albumen may be present in health, and does not necessarily mean disease. Albuminuria has lost its infallibility as a diagnostic symptom of a most serious disorder. Recent advances suggest a clear relationship between the amount of urea eliminated and the development of toxin poisoning. From all these studies and researches, this thought must come to us all who have the care of pregnant women, it is our duty, in order to avoid serious complications before or at labor, to be vigilant of the dangers of auto-intoxication of our pregnant patients.

The whole study of the auto-intoxication of pregnancy may be embraced under this one principle. Study critically all pregnant women, that you may be able to protect and avert the dangers of toxemia.

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TYPHOID FEVER—BACTERIOLOGY, DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS, VALUE OF WIDAL'S AGGLUNTINATION TEST, EHRLICH'S DIAZO-REACTION AND DIRECT EXAMINATION OF THE BLOOD

ED. E. MAXEY, M.D.
Boise; Idaho

Read before Idaho State Medical Society, Moscow, October 9, 1902.

BACTERIOLOGY.

The bacillus of typhoid was first observed by Koch and Eberth, and successfully cultivated in pure culture by Gaffky in 1884. It meets, however, only two of the requirements of Koch's law—it is always present in every case of typhoid fever, and it can be grown outside of the body in a specific manner, but has never been able to produce the disease by experimental inoculation. Nevertheless, the Eberth-Gaffky bacillus is universally accepted as the cause of typhoid fever. It is a rather short, thick, flagellated, motile bacillus, with rounded ends, in one of which, sometimes both, there can be seen glistening round bodies which at first were thought to be spores, but are now considered to be only areas of degenerated protoplasm.

The typhoid bacillus grows readily on various media, that on potato being particularly characteristic. They do stain so readily as other bacteria, taking the stain slowly; therefore, it is necessary, or at least advisable, to heat the aqueous staining solutions and also the diluted carbol-fuchsin solution. The bacillus typhosus does not stain by Gram's method. It grows best at the body temperature and in the presence of oxygen, though it possesses the property of growing less actively in the absence of oxygen, and it will thrive also at an ordiary room temperature.

In view of the fact that the typhoid bacilli have recently been demonstrated in cases where typhoid fever had never existed, it is now believed that a person must have a special predisposition for the disease before typhoid fever can develop, or if this be not true, the bacilli must possess especial virulence or be taken up in excessive numbers.

The bacteria may gain entrance into the system through various channels, but the usual mode of infection is through the digestive tract, in contaminated water or food. They first obtain lodgment in the follicles and plaques of the intestinal wall, but soon invade the intestinal walls themselves, the messenteric glands, the blood, the spleen, the liver, and various other parts of the body. The period of incubation of typhoid fever is one to three weeks, representing the

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time necessary for the colonies of bacilli to develop. They not only produce their characteristic lesion in the intestinal glands, but through their toxic activity in the production of a chemic poison—a toxalbumin—which is absorbed into the system, they produce the characteristic mental dullness and the peculiar febrile course of the disease.

"Cultures are killed within ten minutes at a emperaure of 140 F. They may live for 18 weeks at 23 F., although most die within two weeks, and all within 22 weeks.—Park. The typhoid bacillus resists ordinary drying for months, unless in very thin layers, when it is killed in five to fifteen days. The direct rays of the sun completely destroy them in from four to ten hours exposure.

Bouillon cultures are destroyed by carbolic acid 1 to 200, and by corrosive sublimate, 1 to 2500.—Osler.

DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS.

If all cases of typhoid were typical in their course there would be little need of discussing its diagnosis and differential diagnosis. On the contrary, there is no single symptom or feature that is constant and characteristic. In the diagnosis of typhoid fever, Osler says, the following points should be noted and kept constantly in mind: "First, typhoid fever is the most common of all contiued fevers. Secondly, it is extraordinarily variable in its manifestations. Thirdly, there is no such hybrid malady as typho-malarial fever. Fourthly, errors in diagnosis are inevitable, even under the most favorable conditions. And, lastly, let the 'cock-sure' physician, who never makes mistakes, read the report of the United States Army Commission on Typhoid Fever during the Spanish-American war."

The cardinal diagnostic symptoms of typhoid fever are the peculiar temperature curve, the rose rash, and the enlarged spleen. In addition to these, a decided diazo-reaction in the urine is important, but of still greater importance is a positive result of the Widal serum test. The finding of typhoid bacilli in the blood, urine, feces, or rose spots may be very helpful, but is unsatisfactory, and hardly practical from the standpoint of the general practitioner. Epistaxis, early dicrotism of the pulse, and absence of leucocytosis also possess distinct diagnostic value.

There may, or there may not, be abdominal symptoms (diarrhoea, meteorism, etc.), or certain symptoms may be replaced or masked by symptoms referable to the kidneys, lungs, nervous system, or other organs. It is evident, therefore, that a correct diagnosis cannot be reached in the beginning of the disease; the entire clinical picture must be studied until sufficient time, about a week, shall have elapsed, when one usually has accumulated sufficient data upon which to base a diagnosis. The laboratory methods will be found of very material help in the doubtful cases.

Butler, quoting Herrick, says that "typhoid fever is not only an imitator of diseases, but many diseases imitate typhoid fever."

In its onset typhoid may resemble or imitate a number of diseases. The ordinary infection may be in the lung, causing a lobar pneumonia; or in the kidneys, developing an acute nephritis; or in the meninges, simulating an attack of sporadic cerebrospinal meningitis.

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The infection may be general, severe and sudden, with repeated chills, high fever, early delirium and other symptoms of a profound septicemia; or the infection may be general, but so mild in degree that there are no symptoms except malaise, slight headache, moderate fever and a barely perceptible enlargement of the spleen, the illness lasting only a week, yet the Widal test gives a positive reaction during convalescence.

The aestivo-autumnal type of malaria often simulates typhoid so closely that it is a source of many errors in diagnosis, as evidenced by the report of the United States Army Commission cited above. The studies of Dock and Vaughn have proven that many cases of typhoid fever have been diagnosed as malaria. Though it is true that in rare instances there may be a doubtful infection with the *bacillus typhosus* and the *plasmodium malariae,* it is considered best, in view of the importance of prophylactic disinfection and the imperative need of rest and careful diet in the individual case, to accept the dictum that typhoid fever, and not malaria, is to be suspected in every case of fever of six or seven days duration, particularly if it resists the action of quinine (Butler). A positive Widal reaction, or the finding of the *plasmodium malariae* in the blood, would, of course, decide the diagnosis.

Of the diseases that simulate typhoid may be mentioned appendicitis, tuberculous peritonitis, acute miliary tuberculosis, catarrhal enteritis, pneumonia, pyemia, uremia, typhus fever, relapsing fever, trichinosis, ulcerative endocarditis, epidemic influenza, and a rght-sided salpingitis. Any one of these conditions may so closely resemble typhoid as to make the diagnosis extremely difficult. It is in these cases that the laboratory methods are of especial assistance. A positive Widal reaction, absence of a leucocytosis, the presence of the diazo-reaction, or possibly the finding of the typhoid bacilli in the stools, urine, blood or rose spots, would, of course, enable us to form a positive opinion.

WIDAL'S SERUM TEST.

The importance of this test depends upon the fact that the blood serum of typhoid fever patients possesses the property of causing arrest of motility and the agglutination of the specific bacilli. This observation, originally made by Pfeiffer, was first utilized for diagnostic purposes by Widal in 1896. His method has now become quite generally adopted in laboratory practice, and is regarded as a most valuable aid to diagnosis. Osler states that "Cabot's collection of 5,978 cases gives a positive reaction in 97.2 per cent. A positive reaction was obtained in 93 per cent. of 849 cases tested before the eighth day." The reaction may appear as early as the fifth day of the disease, but as a rule it is not found until after the end of the first week, and it may not appear until a relapse. The reaction usually lasts during the continuance of the fever, but it may be observed months and even years after the attack.

While Widal's reaction may be regarded as a specific infectious reaction of the typhoid bacillus, it cannot be relied upon to the exclusion of other symptoms, for, in rare instances, a perfectly characteristic case with hemorrhages, rose spots, etc., may give no reaction throughout its course.

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The technique of the test is as follows: Using only a full virulent—16 to 24 hours old, bouillon—culture of the typhoid bacillus, one volume of blood serum is diluted with fifty volumes of the bouillon culture and a drop of this mixture is mounted on a slide and examined under a moderately high power. If the case in question be one of typhoid fever it will be observed that within one hour the bacilli will have ceased their activity, and gathered in distinct groups or clumps. Should the time limit expire before this loss of motllity and the clumping occurs, the test is negative.

EHRLICH'S DIAZO-REACTION.

Under certain pathological conditions, and especially in typhoid fever, a chromogen may be present in the urine, which, when treated with diazo-benzene-sulphonic acid, and ammonia, imparts a distinct red color to the urine, varying from eosin to a deep garnet-red.—(Simon).

Three solutions are required to make this test:

No. 1 consists of

Sulphanilic acid, 1.00 gramme.

Hydrochloric acid, 5.00 c. c.

Diistilled water, 95.00 c. c.

No. 2 is a 0.5 per cent. solution of sodium nitrate in distilled water.

No. 3 is ammonium hydrate.

To make the test the first two solutions are mixed, immediately before using, in the proportion of 40 parts of No. 1 to one part of No. 2.

A few c. c. of urine in a test tube are treated with an equal amount of the reagent as mixed above, the test tube shaken and the contents rendered alkaline by the addition of ammonium hydrate, which should be allowed to flow slowly down the side of the test tube, so as to form a layer above the mixture. At the junction of the two fluids a colored ring will now be observed—orange in urines which do not contain the chromogen while in its presence a red, varying from eosin to a deep garnet-red, is observed. If the mixture is now shaken and the reaction is positive, the foam will likewise be colored red, and upon pouring the solution into a porcelain basin, containing much water, a beautiful salmon color is obtained, even if only traces of the chromogen is present. A great deal of importance is attached to the presence of this salmon color upon copious dilution. It is never obtained with normal urine, and it can be seen when inspection of the fluid in the test tube would leave one in doubt.

As to the value of Ehrlich's diazo-reaction, there seems to be a concurrence of opinion in its favor as an aid in the diagnosis of typhoid fever in the vast majority of cases. Osler says the presence of Ehrlich's reaction is a valuable accessory sign of typhoid, and Strumpell claims that the urine at the height of the disease presents Ehrlich's diazo-reaction in almost all cases. According to Nothnagel, there is but little doubt but that this important reaction can always be obtained at the height of an attack of typhoid fever; it is permanently absent only in the milder cases. It is also undoubted that in severe cases, when improvement begins to take place, the reaction not rarely disappears, so that from this sign favorable conclusions may be drawn at a time when other symptoms are not indicative of improvement, or are uncertain in this regard. It is noteworthy, also,

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that in relapses from typhoid fever, the diazo-reaction, if it had already disappeared, generally returns, while it does not reappear when fever occurs during convalescence from typhoid fever as the result of organic disturbances due to other causes.

Simon says "the value of the reaction in typhoid fever was first overestimated, but is at present certainly underestimated. * * * and maintains that the test is a most important diagnostic aid in the disease in question. Excepting in children, its absence from the fifth to the ninth day usually indicates a mild case. * * * When the reaction is continuously present after the third week, suspect acute tuberculosis."

The other diseases in which the diazo-reaction appear with marked regularity are miliary tuberculosis, pulmonary tuberculosis, typhus fever, certain varieties of profound pneumonia, malaria, and in the acute exanthemata, particularly measles.

EXAMINATION OF THE BLOOD AS APPLIED TO THE DIAGNOSIS OF TYPHOID FEVER.

I have already spoken of the indirect examination of the blood—Widal's test. I have yet to mention, briefly, the fact that the typhoid bacillus has frequently been isolated from the blood of typhoid cases. Cole has recently isolated the organisms in 43 of 58 cases examined in Osler's wards, and in many of these cases the bacilli were demonstrated before the Widal was positive. This method of diagnosis, however, is defective. Newer and better methods must be perfected before it can become of any practical importance, and even then a complete working laboratory is an imperative necessity for carrying out the method. Very few physcians in general practice have the ability and the requirements for making these cultures.

On the other hand, the blood count can be made easily in general practice, and is often of very material assistance in arriving at a correct diagnosis. Many observations have demonstrated that a leucocytosis is never present in an uncomplicated case of typhoid fever. In the early recognition of perforation, and in the differential diagnosis between typhoid fever and appendicitis, abscess of the liver, pneumonia, and all pyemic and septicemic processes, the presence of absence of a leucocytosis may be depended upon in determining the real disease present.

Often one of the most perplexing diseases to differentiate from typhoid fever is malaria. Malaria and typhoid are alike in having no leucocytosis, but in the presence of the malarial organism, as found in practically all cases of malaria, is always decisive.

The occurrence of complications in typhoid may mask its characteristic blood changes so as to render the blood useless in diagnosis, but in most early cases, in which the diagnosis is especially important and difficult, the blood shows no leucocytosis and the determining of this fact, therefore, is of great value in the exclusion of other diseases.

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SOME OBSERVATIONS AND COMMENTS ON THE SPREAD OF TYPHOID FEVER

By CHAS. W. SHAFF, B.S., M.D.
Lewiston, Idaho
Ex-President Idaho State Medical Society

Read before Idaho State Medical Society, Moscow, October 10th, 1902.

When Eberth, in 1880, discovered the specific bacillus of typhoid fever, the medical profession became enthusiastic in the belief that the disease would soon pass into the class known as preventible.

The time and thought given by some of the best minds of our day to produce this consummation, constitute a monument before which we reverently bow ,yet this disturber of human health shows his familiar face so frequently, and often so unexpectedly, that sometimes the physician's hope becomes later his despair, and he questions whether, for practical purposes, he is any better off than when he believed, with Murchison, that it was caused by gases from decomposing material, and that it might be sometimes spontaneous in origin.

The difficulty, together with the ease of accounting for the spread of typhoid fever, may, I think, be suggested in narrating a few cases that have come under my observation.

Case 1. A child, 3 years old, living on the farm where it was born, 15 miles from the nearest town, died of typhoid fever after an illness of three weeks; this child had never been to town in its life; there had never been a case of typhoid fever in this house since its erection, 20 years before, nor in the neighborhood for 10 years. The country was thinly settled, and the family had visitors but seldom. Soon after the child's death a brother, 14 years old, was attacked and recovered after a severe illness of six weeks.

Case 2. A boy, 8 years old, living on a dry ranch, four miles from town, had mild typhoid fever in September. A brother, 10 years old, soon followed with a somewhat severer illness. The family lived 500 feet above the Snake river, from which source they obtained their water supply, getting several barrels at a time, which would last from two to four days. Had the water been the source of infection, it would seem as though a greater number of this large family would have been attacked. No other case had occurred in this neighborhood since its settlement ten years before. An incident worth mentioning in connection with this family is, that a few years later they moved to town and occupied a house immediately adjacent to new depot grounds. While the grading was being done on the former site of old buildings, three other members passed through an attack of typhoid fever.

Case 3. A young man, 20 years old, living on a farm, in the house

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where he was born, had typhoid fever in October and died from intestinal hemorrhage during the third week. His sister soon contracted the disease, and recovered after a moderately severe illness. This boy had not been off the farm for six weeks, and there had been no case of typhoid fever in this neighborhood for eight years. The drinking water was from a well that had supplied the family and stock for 25 years.

Case 4. An only child of 5 years, living in the country, was attacked by typhoid fever in October and recovered after a rather mild but prolonged illness. This child had not been, nor any member of the family so far as I could learn, near any probable source of infection. The water supply was from a spring, which flowed from underneath a cliff of rocks that rose 300 feet above it; the purity of this water was beyond question.

Case 5. A man, 28 years old, living in the country, contracted typhoid fever during the latter part of September, and recovered after a severe illness of five weeks. This man worked with a harvesting crew over a district of six by twenty miles, and I knew personally every family within this area. As often happens in farming communities where economy is practiced, these people lived, in a manner, like one common family, and getting their water supply sometimes from a well, sometimes from a small creek, and other times from a spring, and from whatever source the bacillus came, in only one of this hundred or more people, did it find fruitful soil.

Case 6. A man, 24 years old, while working in the timber district of the Clearwater river, 50 miles from the nearest settlement, became ill of typhoid fever two months after leaving town in March, and came home and passed through a mild history. Two of the family with whom he boarded, and who were his principal nurses, were subsequently attacked and recovered after a moderately severe illness. How this young man, in that mountain region, apparently far removed from any possible source of contamination, became affected, is certainly difficult to answer.

Case 7. An electrical engineer in charge of a light-plant, out of town, on a mountain stream, became ill of typhoid fever and recovered after a severe illness of four weeks. He had not been off the premises for over a month.

As illustrative of how the disease may spread through carelessness in neighborly calls and visits, an example is found in

Case 8. A young man, student, came home to Lewiston sick with typhoid fever and died. His home was situated at the lower end of a small ravine, and above this house were five others; typhoid fever appeared in each of these families consecutively, beginning in the house nearest the student's home. Somewhat similar is

Case 9. A woman, 34 years old, came from Enterprise, Oregon, to Anatone, Washington, a village of not more than a dozen families, and soon had typhoid fever; within a month a child of a neighbor was attacked, recovering after a very severe and prolonged illness; some weeks later a young man, friend of the family and constant visitor, was attacked and died; two weeks later a woman who had helped to nurse these cases was attacked ,recovering after an un-

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usually severe illness, and during her convalescence her servant girl passed through a mild attack.

An illustration of the lack of immunity during the typhoid season may be found in

Case 10. A child, 4 years old, living in the upper story of a house with its mother and brother, who constituted the sole occupants, was attacked by typhoid fever in September; his brother of 7, soon followed, both passing through a mild attack of the disease. The family had moved into town some six weeks before and, being strangers, had no intercourse with their neighbors, nor had the children formed any acquaintances in the neighborhood. The drinking water was tap water from the city supply. There were three cases of typhoid fever within one block of this family, and, notwithstanding its complete isolation, it did not escape.

Of the sources of infection, I believe that germ-laden dust, and insects are more important than have usually been considered. The distance covered by dust through successive wind storms is hard to over-estimate. I have seen coarse sand lifted by a severe storm and carried over two miles before falling.

The part that flies and other insects perform in spreading typhoid fever has not yet been worked out, but the indictment against flies has been returned a true bill.

In military fields, where large bodies of soldiers are tented and typhoid feevr prevalent, it has been found that the tents which are carefully screened are much less often invaded than those that are not. This is sufficient to teach us that every possible protection against flies should be given, especially during late summer and autumn. Dwelling houses should not only be effectually screened, but groceries, provisions and fruit, that are frequently left on the kitchen stoop by delivery men, should be placed where flies cannot have access. The various articles of food which are exposed to flies and dust in front of grocer's shop may often be the means of spreading this disease.

The dissemination of typhoid fever through drinking water, while doubtless very great, is an indeterminable quantity, and the bacillus so quickly changes its form in water that as yet no biologic Sherlock Holmes has been able to acquaint himself with its repertoire of masquerades. Professor Victor C. Vaughan, in his address before the semi-centennial meeting of the Chicago Medical Society, said: "I have never found in any sample of drinking water a typical Eberth bacillus. I do not say that such a germ may not be found, but I do not believe that the typhoid bacillus preserves its typical characteristics for any length of time when growing in water." As confirmatory to this last statement, it may be worth while to mention the fact that Remey has found that when the typhoid bacillus is grown in company with the colon germ, the former is so changed that it cannot be recognized by any means at our command, and that it even loses its agglutinating action in typhoid serum. I think we may take Professor Vaughan's statement as *ex cathedra*. The colon germ, we all know, is often found in the water of places free from typhoid fever. During the Spanish war, the medical inspectors found

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that by far the greater number of cases were unpreceded by gastro-intestinal disturbances, unless directly continuous, so as to form a part of the prodroma of the disease, and that these disturbances seemed to afford a considerable degree of immunity. This forces us to the conclusion that, in view of the fact that the typhoid bacillus is widely distributed during the late summer and fall, that many of the saprophytic diarrheas which are so very general during this portion of the year, may often expel the typhoid germ before it has sufficient time for colonization; and it should emphatically warn us not to be over zealous in checking a summer diarrhea.

The universality of this disease, and the difficulty in recognizing its specific germ after a considerable period outside the body, and its tenacity of life, all conspire to make the future distant when it shall be under complete control. Yet we are not without hope.

During the Boer war it was found that the inoculations with dead cultures after Wright's method, gave a considerable number of soldiers immunity, and that the method is applicable to large bodies of men under similar conditions.

We are well launched upon an era of prevention, the possibilities of which we do not conjecture, and while it will remain for but very few to advance prophylaxis on practical lines, all possible aid and encouragment should be given by the medical profession to their colleagues who spend their time, energies, and probably their fortunes (if they are so fortunate), in pioneering in this field.

Chionia.

Embodying the therapeutic principles of Chionanthus Virginica, is an hepatic stimulant pure and simple. It acts specifically as a stimulant to the biliary, hepatic and cystic ducts, exciting their muscular and hence secretory action. This physiological action might be termed a tonic to the biliary, hepatic, cystic and choledoch ducts; encouraging the flow of the hepatic and cystic bile into the duodenum. Purgatives produce a temporary congestion rather than a stimulation, and upon withdrawal of such medication the reflex action establishes a condition that is too often responsible for habitual constipation. Chionia does not remove constipation, jaundice and hepatic torpor by a direct cathartic action, but by its action as a gentle vasomotor to the biliary system. It is not aimed to take the place of powerful cathartic medication when such procedure is necessary to remove mechanical obstruction, but in the treatment of chronic hepatic troubles, when a tonic to the hepatic function is required, the vegetable kingdom gives us just the thing needed in Chionia.

Corns.

℞ Alcohol, fl. ʒ iiiss.
Ext. cannabis indicae, gr. x.
Acidi salicylici, gr. xxx.
Aetheris, fl. ʒ iss.
Pyroxylini, gr. viij.

M. Sig. Dissolve in the order given above, and apply with brush twice daily until corn softens, then soak foot in hot water and remove corn.

Indication.—Used to remove hard corn.—Ex.

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PHYSIOLOGY, PAST, PRESENT AND FUTURE

By I. L. MAGEE, M.D.
Wallace, Idaho

Read before Idaho State Medical Society, Moscow, October 10th, 1902.

It has been years since any member of this Society has heard mentioned the name of Dr. Jacobus Primerosius. But Primrose made a great deal of noise in his day, and many there were who thought him a great physician. I pick out Primrose from all the notabilities of his time because he was a representative man; he made himself the exponent of his class. When the immortal Harvey proclaimed that startling truth about the circulation of the blood which electrified the every-day world, as well as the world of science, and our branch of it to such a degree that physicians met in counsel and gravely looked into each other's faces and distressedly asked: What is now to become of us?" Primrose arose and said, "Pah! the ancients made good cures before Harvey was born." Thereupon Primrose proceeded to put Harvey down.

Harvey had worked twenty years at his studies before he could solve the problem to his own satisfaction; then only did he publish his doctrine. He worked on nine years more; he repeated all his old experiments; he made new ones; he called in all his friends, whom he considered competent, and secured their confirmation. Then only did he preach it. Harvey was 50 years old; it was in 1628 when he published his first, and the most brilliant of all triumphs of experimental physiology. It was written in the purest spirit of science, expressed with an accuracy the most rigid, and impressed with a modesty all through it in accord with its title. He called it "An Attempt." It was only a short manuscript, 72 pages in all, a fact, in itself, which put it in wonderful contrast with the gigantic volumes of speculation composed at that time. There is a spirit of reverence all through it for the labor of his predecessors, especially those of Galen. It lies now, the original paper, on the shelves of the British museum.

As to the truths contained in it: What child but knows that his heart beats with pulses of blood?

There followed after Harvey in later years the next great man in physiology. This man, a Swiss, Albert Haller by name, said of Harvey: "His name is second only to that of Hipocrates."

Primrose felt toward Harvey the keen envy of ignorance and pretense toward solid knowledge and sound truth. He hurried out his book, under a high-sounding title, in just 14 days. The same Haller said of it: "It is subtle in cavil, in experiment empty." Harvey never noticed it at all.

I would like to use this incident

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in illustration of my theme. Had the respective studies of these two men, Primrose and Harvey (I will scarcely be pardoned for mentioning their names together now) anything to do with their character as men and physicians?

Besides this vindication of the study of physiology, I would like to use the opportunity to speak of the influence of physiology upon practical medicine, as well as upon the status of the medical practitioner.

It may seem strange to the non-professional observer that there could be any possible question as to the general use of physiology. A man would hardly entrust his watch for repair to an operator who was not familiar with its mechanism and manner of its work, when in good working order, but there are those who believe that scientific investigation unfits a man for practice.

John Aubrey, who was at Harvey's funeral, and helped to carry him into his vault, writes: "I have heard Harvey say that after his book, the circulation of the blood, came out, he fell mightily in his practice, and 'twas believed by the vulgar that he was crack-brained, and all the physicians were against his opinion, and annoyed him. All his profession would allow him to be an excellent anatomist, but I never heard of any that admired his therapeutic way. I knew several practitioners in his town of London who would not have given three pence for one of his prescriptions, and that a man could hardly tell from one of them what he did aim at."

We shall see shortly how much to be admired was the "therapeutic way" of Harvey's contemporaries.

Before we possessed a knowledge of the physiological action of medicines, disease could only be treated by empiricism. Experience was the great teacher and the great physician. See how blindly experience worked. Suppose I should read you a few recipes from the prescription books of some of the notabilities of their times, times close about that of the discovery of circulation. It is the age of Shakespeare and Francis Bacon, luminaries in literature so glorious that there is still no diminution in the luster of their rays. And who was the representative man in medicine in those days—Theophrastis Bombastus, a name that has become the synonym of the grossest charlatany. He it was who put aside the works of Galen and Avicenna and boldly boasted that he treated disease by his superior intuitive knowledge. Maxwell, Greatrake, Digby—foremost men of this time—were theosophic enthusiasts, who regarded contagious diseases as the consequence of sin and the work of demons. It was the age of conjury and of witchcraft and priest-craft. Diseases were peculiar things with special properties or powers which had to be conjured away.

This doctrine held sway long after Harvey's day. It was only when the natural functions of organs had been fully described, that the present physiological view that disease proceeds from a lesion of structure or function was developed.

So in olden times there were special formulae for special diseases. Bulwer prescribed for a young child suffering from some nervous trouble, a young mouse roasted.

Sterne writes: "My physicians have almost poisoned me with what

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they call Bouillons-refrechissant,—'tis a cock flayed alive and boiled with poppy seeds, then pounded in a mortar, and then passed through a sieve. There is to be one crawfish in it, and I was gravely told that it must be a male one, as a female would do more harm than good."

Of one recipe, a regular salmagundi from the Elizabethan period, its author remarks: "To tell the virtue of this water against colds, phlegms and dropsy, heaviness of mind, coming of melancholy, I cannot at this present time; the elegant virtues thereof are so much, and also the time were too long." Of another which contained "gold, silver, sapphire and pearls, with spices and perfumes: "This healeth colds, diseases of ye brain, heart, stomach. It is a medicine proved against the tremblings of the heart, fainting and swooning, the weakness of the stomach, pensiveness and solitariness. Kings and noblemen have used this for their comfort. It causeth them to be bold-spirited, the body to smell well, and engendereth good color."

Even less than fifty years ago they bled patients for the cure of consumption. In the annals of Louis XIV, two centuries ago, is an account of the illness from consumption of one of the principal ladies of the court. On consultation, the doctors bled her in the arm; next week they bled her again, this time in the temple. Strange to relate, on the following week she was worse, and the consultation was more anxious still. But there were no resources in medicine in the days of the great emperor. The doctors bled her again, this time in the toe. They never bled her any more.

Smallpox was treated according to the doctrine of signatures. The bed covers were red to bring out the pock; the bedding and bed hangings were all red, and red substances were to be looked upon by the patient; even the very drinks were red.

John of Gadderdon, physician to Edward II, directed that his patient should be wrapped up in scarlet dresses, and he says that when the son of the renowned King of England lay sick with smallpox: "I took care that everything around the bed should be of red color, which succeeded so well that the Prince was restored to health so completely that there was not a vestige of the pustules remaining."

About the middle of the Seventeenth Century the doctrine of signatures was supplanted by the system of expelling the peccant humors by perspiration. We have a fine picture of this practice in the writings of Demmerbroek, a Dutch physician and professor. "Keep the patient dry," says he, "in a chamber close shut. If it be winter let the air be corrected by large fires. Take care that no cold gets to the patient. Cover him over with blankets. Red blankets have always been preferred, not that the color is material, but because in the time of our ancestors all the best and heaviest blankets were colored red. Never shift the patient's linen until after the fourteenth day, for fear of striking in the pock, to the irrevocable ruin of the patient. Far better it is to let the patient bear with the stench than to let him change his linens, and thus be the cause of his own death. Nevertheless, if a change be absolutely necessary, be sure that he puts on the foul linen that he put off before he took sick.

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Sudorific expulsives should be given in the meantime, such as molasses and pearls."

Most nauseous things were used in the treatment of epilepsy, such as the raspings of a skull, dried lizards, the excretions of the dog, etc. It is a subject for congratulation that the therapy of this disease has been somewhat changed.

Who has not heard of the Royal Touch? Who has not heard, also, of the glory and grandeur of the reign of Louis XIV? How few of us know the abject misery and horriible disease which all this glory and grandeur cost. History is full of its pomp and its ceremony. Let us read but one page of its ignorance and credulity.

The day is Sunday in early Spring; Easter Sunday, 1686. The Grand Monarch is on his Throne, around him are the tapestries and cloths of gold, the rich hangings, polished floors, mosaics, marbles, gold and precious stones. About him stand obsequious courtiers. Behold the King, by the Grace of God.

One thousand six hundred miserable wretches are crowded together outside the door. These are not subjects come to do homage at the foot of the Throne; they are the maimed of limb, the blear-eyed, the ulcerated. Shakespeare saw a crowd once like it. "They were," he says, "strangely visited people, all swollen and ulcerated, pitiful to the eye, the mere despair of surgery." They are come to the King to be touched for the King's Evil, to be cured by being touched. What a picture this for an artist! The might and the splendor of majesty on the one hand, the loathsomeness and degradation of disease on the other.

Touching for the King's Evil was not confined to France. The number subjected to it during the reign of Charles II is almost incredible. The King had more patients, it was said, than all the physicians of his realm. The eagerness to obtain tickets of entry was such that in Evelyn's Diary, March 28, 1684, it is written: "There was so great a concourse of people, men, women and children to be touched for the evil, that six or seven were crushed to death at the door." Yet, according to statistics, more people died of scrofula during this year than in any other period, probably from neglect of all proper treatment.

On March 30th, 1714, Queen Anne touched two hundred persons, among whom was the celebrated lexicographer, Dr. Samuel Johnson, the most remarkable example of the utter failure of the cure. Yet Jeremy Collier, in his Ecclesiastical History of Great Britain, speaking of the many virtues and miraculous powers of Edward II, says: "That this Prince cured the King's Evil is beyond dispute. He not only cured it, but transmitted the power to do so as an hereditary miracle to all of his successors." "To dispute this matter of fact," said he, "is to go to the excess of skepticism, to deny our senses, and to be incredulous, even to ridiculousness." The author tells us a Roman Catholic, who, being thus cured by Queen Eliizabeth, said, on being asked about it, that he was now satisfied by experimental proof that the Pope's excommunication of Her Majesty signified nothing, since she still continued with such miraculous power.

One of the most ridiculous, though perfectly innocent of medical superstitions, which is worthy

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of mention because it is still cherished by the illiterate everywhere, is connected with the fragment of membrane sometimes born over a child's face, commonly known as the caul. This superstition has existed since the earliest times, and the various imaginary virtues attributed to it have differed with every time and place.

It is mentioned in the Fourth Century by Aeulius Lampidius, in his Life of the Emperor Antoninus.

Majolus attributes to the Roman lawyer the belief that the possession of a child's caul would make him eloquent and triumphant. It is spoken of by St. Chrysostom. In France it is an old superstition.

It is stated by Grose that a person possessed of a caul may know the state of health of the person who was born with it; if alive and well, it is firm and crisp; if dead or sick, it is relaxed and flaccid.

In former days the caul was the perquisite of the midwife, who often traded upon the privileges it was supposed to confer upon the owner, as a charm against drowning. As much as $150 has been paid for a caul.

The London *Times* of May 8, 1848, contained the following: "For Sale—A child's caul; price six guineas; apply at the bar of the Tower Shades, Tower street, London. The above article, for which 15 pounds was originally paid, was afloat with its owner for thirty years, through all the perils of a seaman's life, and the owner died a tlast at the place of his birth."

A child's caul was advertised for sale in the Bristol *Times and Mirror*, September 30th, 1874.

The irrepressible Hood seems to have been fully aware of the popular recognition of its value, which he combats in the tragic event which subsequently overtook its possessor:

But still that jolly mariner,
Took in no reef at all,
For in his pouch confidingly,
He wore a baby's caul.

Look with what tenacity the physicians of the empiric school clung to vivesection. Long after they dared not practice it, they persisted in preaching it still. Century upon century they put mercury into a man in all diseases of the liver, blind to the fact that notwithstanding its administration for months in specific disease, it in no way influenced the hepatic function. And now it turns out that the liver, after all, was not the organ most affected in most cases.

Scarcely two teachers in materia medica taught the same action of the heart under digitalis. Why? Because each gave his own experience. When regular physiological experimentation was commenced, it was not long before it was decided that it had but one action in all cases, namely, to increase the force of the heart's action, to diminish the frequency of its pulsations, and to restore its regular rythm.

The surgeon used to cut the facial nerve for facial neuralgia, leaving the face paralyzed, deformed and distorted, until the physiologist taught him that the facial nerve was a nerve of motion. To the trigeminal he must look in disturbances of sensation. And then he would cut out this nerve down to its escape from the skull, excise the ganglion of Meckel, until he was again taught by the physiologist that this ganglion was only a reinforcing organ of the sympa-

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thetic system, and its ablation could not permanently cure the disease.

And in opthalmology, that department which Virchow characterized in an address before the British Medical Association as "that branch of medical science which has now reached the highest degree of scientific surety,"—how sensible has treatment developed under physiological investigation into the functions of different parts of the eyes.

Helmholtz, as is well known, and Graefe, forsook all other studies to work up the physiology of vision, and to these two observers are we indebted more than all others for the "scientific surety" which characterizes practical opthalmology.

Pathology is only the physiology of disease. It is physiology which distinguishes regular medicine from charlatanry. Together with the other natural sciences, it gives evidence which is positive, immutable. Theories about fever are limited only by the number who choose to express an opinion, but there can be but one interpretation of the circulation of the blood, the action of a nerve, the constitution of a secretion. It is physiology thus chiefly which lifts the mists and mystery of dogma and puts medicine on the basis of other natural sciences, so that it may be proven like them by evidence before all the cultivated senses. So when physiology becomes a perfect science, should that day ever be, there can be no more quackery in medicine than in mechanics.

This evolution in the study and practice of medicine has not passed unobserved by the outside world. It has changed the whole status of the physician.

Even as late as the Fifteen Century an apprentice would not be accepted in any one of the mechanical arts unless he could prove he was not the child of a butcher, executioner or bleeder.

The following old-time advertisement, clipped from a paper of Shakespeare's day, thoroughly establishes the position of the everyday practitioner of that time:

"Wanted—In a family who have had bad health, a sober, steady person, in the capacity of a doctor, surgeon and man midwife. He must occasionally act as butler and dress hair and wigs. He will be required sometimes to read prayers and to preach a sermon every Sunday. A good salary will be given."

The modern dramatist, if he would reflect the sentiment of the people, must exhibit the doctor in a role very different from the old-time cunning knave or ignorant charlatan. A modern novel is scarcely perfect without a modern medical character. Witness more especially the works of George Eliot and Bulwer. The chord is so freely struck by the master hand of Lever has responded full and feelingly to the magic touches of Dickens and Thackeray. The physician is now called to the chief positions among the chairs of state. His profession is recognized by the highest civil authorities.

Said Mr. Gladstone, in a response to a toast, speaking of the profession as an observer from without: "It is impossible for us not to notice the change. It is impossible for us not to see how far more strongly now than of old the medical man of today conforms to those general laws of common sense and prudence, which are, after all, universal laws of human life in every one of its departments. It is impossible not to see his greater and

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more sustained earnestness of purpose, that elevated sense of the professional dignity, that desire to make it subservient to the good of humanity, that general exaltation of his aims in the exercise of his profession."

And what is it that has thus lifted up the character of the physician in the eyes of his fellow men? It is because the modern science of medicine is supported by the same kind of evidence as any other science; evidence which may be tested by instruments of precision, evidence which is tangible, demonstrable, indisputable. Such evidence is plain to the common understanding in whatever pursuit of life. It is evidence, to repeat the language of this distinguished statesman just cited, which conforms to those general laws of common sense which are, after all, the universal laws of human life in every one of its departments.

I do not know how I could better exhibit the influence of the study of physiology, than by a brief narration of some of the principal incidents in the lives of the two greatest of physiologists, Harvey and Haller, already cited. With both physiology was a life study; each is known as medical history as having contributed a discovery by means of which we are chiefly guided in the treatment of diseases—Harvey's, the circulation; Haller, the knowledge that disease depends upon lesion of structure or function.

William Harvey was the oldest in a family of nine children. His parents belonged to the respectable middle class of society, that class from which has emanated, as is statistically proven, the greatest number of great men. With the rest of the family, he had that early training which instills those virtues in childhood life, obedience and respect to law and authority, so characteristic of the English race, and without which excellence can be obtained in no pursuit in life. With these traits, industry. That is all, but that is enough always.

After leaving Cambridge at the age of 21, he went to Padua to study under the great Fabricius, who gave him the first clue to his discovery, by showing him the valves in the veins. What were those valves for? It was no flash of inspiration that answered this question for Harvey. It was solved only after twenty years of the hardest, most patient toil. It was only the fact of his reputation as a worker that secured him any recognition at all. But there was a charm in Harvey's statements that could not fail to win him followers. It was the extreme modesty which characterized every line. When he could, he would support the opinions of those who had preceded him. When the truth forced him to differ, he did so, but with a delicacy the most sensitive, and with an array of facts that could leave no doubt of the correctness of his theories. There have been to this day no corrections to make in Harvey's work, and there has never since been written a description of the circulation so terse, so vivid, so comprehensive.

His works were so full of results that he soon acquired fame. The work of an earnest man is a synonym with fame. He was made a physician at St. Bartholomew's, a boy but 20 years of age. He was only 37 (a youthful age in his day) when he was appointed Professor of Anatomy and Sur-

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gery, and it was but a few years later that he became body physician to Charles I.

He lived a life of greatest simplicity and self-denial, Michael Angelo not more so. Much of his time he spent in perfect retirement with one of his brothers at their village home. He declined the high honor of the Presidency of the College of Physicians, although they succeeded in persuading him to allow his bust to be cast. At the age of 80, writes Haeser, the historian, he closed a life which had not been made less glorious by the magnitude of his scientific labors than by his most rigid sense of justice, his exceeding gentleness and amiability of character, and his modesty of manner.

On June 3d, 1658, he died, but he left a name that is immortal. It is a name which posterity will never pronounce without experiencing a sentiment of veneration and gratitude. It will shine with equal luster with those of Aristotle, Fallopius and Haller. His industry, prudence and modesty make of his character a model for all peoples and times.

The advent of Albert Haller, of Berne, upon the theater of action has been characterized as the illumination of a meridian sun upon the obscure dawn of day.

Haller was of patrician parents, but this was no misfortune to him, as is the rule, and his subsequent career, in the face of the temptations besetting wealth, affords an illustratious example of the manner in which money may be made subservient to the higher purposes of life. A puny, delicate, rachitic boy, he could not be kept away from his books. When his father died, his education was committed to a priest, who attempted to force his studies in the direction of theology, with the intention of making him wear the robe. But Haller loved the teachings of nature better than the wisdom of man, and the time that should have been devoted to clerical studies was spent among the flowers.

He was only 15 years old when he commenced the study of medicine. All the anatomy he could learn was from the dissection of a dog. The fame of Albinus drew him to Leyden. Here he became such a favorite with his teacher that he allowed him to dissect on one side of a body while he dissected upon the other. We form some idea of his iron industry, his almost incredible memory, his profound culture in all the branches of human knowledge by the story that has come down to us, that no one of his colleagues ever ventured to visit him without formal preparation upon the subject that was to be the theme of the conversation. According to all testimony, there never was in medicine a laborer so untiring. His original investigations were so numerous and so valuable as to justly entitle him to the place assigned him by posterity as the founder of physiology. The sculptor on the pillar of fame has chiseled his name beside that of Aristotle and Goethe and Humboldt.

And what were the characteristics of these two great physiologists? They were cautious men. Harvey proved his theory twenty years before he preached it. Haller made 109 experiments before his discovery of the independent irritability of muscle. They were truthful men. The bitter opposition of their contemporaries, the

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experimentation of all posterity have never shaken the facts they advanced. They were simple men in all their tastes and habits. Among other things it was accorded to both, they were men of gentle deportment. Above all, they were working men, and if the question were asked as to the influence of the study of physiology on the character of the physician, there could be no more fitting answer than a reference to the lives of men who have drifted into it as a life study because of their natural adaptability to it.

One point more. Physiology offers to the physician a present refuge in time of trial. The vicissitudes of practice, the rancor of rivals, the unceasing combat against prejudices, and ignorance, and superstition, make life a burden at times, even when envy marks it a great success. It is in dark hours like these—and who but knows them?—that the physician may turn to the study of physiology. No man of the world, no man of other professions than the natural science, may ever know or be able to understand the peace, in the way of fresh inspiration for future work which Nature offers at the foot of her altars.

The chief reward of every kind of mental work, higher than either wealth or fame, is its effect upon the character. The study of medicine is peculiarly excellent in developing the mental faculties, having elements in it of both literature and science,—the bride and her spouse in modern education—it most happily blends the virtues and balances the faults pertaining to a purely literary, or a purely scientific pursuit.

We should fail of the high purpose of our convocation here today if we fail to impress upon you, the younger members of our Society, or Association, the trial which science demands at your hands before she will adorn you with the stamp of her nobility. It is the trial of work, the chief characteristic, as you have seen, in the lives of our eminent men. It is the young men of our profession to whom we now look for advice, to whom we now turn for knowledge, whom we now call in council, and to whom we now assign our surgery, so we will expect of you work, work with the sacrifice of self, work which is only stimulated to higher efforts by the achievements of others, work with something at least of that feeling in the breast of Themistocles,—a poor, illegitimate child, ruler of Athens he became,—who was alone, sorrowful and distressed amidst the general rejoicing over the great victory at Marathon. And when they asked him why his eyes were red with weeping, and why he walked the streets with dishevelled hair, he made them that answer which foretold his future success: It was the trophies of Miltiades that would not let him sleep.

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REPORT OF CASE OF A CONGENITAL ABSENCE OF UTERUS AND APPENDAGES

By G. G. BARKER, M.D.
Bonners Ferry, Idaho

Read before Idaho State Medical Society, Moscow, October 9th, 1902.

Four years ago in June I was called upon by the mother of Ella M., who said that her daughter was becoming different in health and manner. She said the girl was subject lately to fits of melancholy, and wished to know if I could do anything to relieve her. I put her upon iron, quinine, strychnine and phosphoric acid. I found she was not menstruating, but her general health improved and she passed out from under observation without an opportunity for a local examination. She married between 15 and 16 years of age, and a year ago in June, just three years after prescribing for her, her husband brought her to my office to know why she had never menstruated. Upon examination, I could find no uterus or appendages. No sign or trace of either; vagina a smooth, round-bottomed cul-de-sac.

The girl is of light complexion. At 13 her hair was two shades of yellow. The mons veneris is devoid of hair, the labia majora are flat, the vagina short and smooth; no rugae or glands; hips narrow, shoulders broad and square, back and hips flat. Sexual instinct weak.

Abscess of the Liver Following Typhoid Fever.

On account of the rarity of the above condition, Perthes (Deutsche Zeitschrift fur Chirurgie, March, 1902) reports the case of a soldier convalescing from typhoid fever, who devolved a high temperature, albuminuria, and a sudden pain the epigastrium on the sixty-fifth day of the disease. A rapid enlargement of the liver and circumscribed tenderness over the hepatic region led to the diagnosis of hepatic abscess, which was confirmed by the exploring needle. The patient slowly recovered after evacuation and drainage of the abscess. Bacteriological examination of the pus revealed the presence of typhoid bacilli and streptococci. The abscess in this case probably arose from a septic thrombus in one of the branches of the portal vein. Suppurative processes in the liver, secondary to typhoid fever, usually take the form of multiple abscesses, and this probably accounts for the fact that only two authentic cases are reported in which recovery followed operation.

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MEDICAL SOCIETIES

Southern Oregon District Medical Society.

If anyone doubts the effect of climate upon temperament let him visit Southern Oregon. The air exhilarates the new-comer like champagne. The region is one succession of beautiful, upland valleys, high up between the rocky knees which the pine-clad Caccades stretch out toward the rays of the westerly sun. Each town or village lies in the lap of its guardian stream, protected by blue-green hills on every side save one, which lets in the soft, salt breath of the sea.

If the dwellers in this Riviera of the West had anything of the frank, beautiful old Pagan spirit, they would worship their rivers as the Romans did the Tiber and the Egyptians the Nile. They it is who have literally given them birth, by washing down the rotted rock to spread it in broad alluvial beds for orchard, meadow and corn land, and this was only half of their beneficence, for they also, incidentally in the process, dropped between the gravels and boulders of their beds, in flakes, specks and yellow lumps, the heaviest and most indigestible of the minerals they were washing down, to furnish "color" and nuggets for eager-eyed prospectors.

Upon the wave-arched backs of the brown and foam-flecked horses of their winter torrents are also borne the countless host of yellow-pine logs, to glut the hunger of the roaring, steel-toothed sawmills in the valley below.

The hymn is incorrect, as usual, rivers "roll down" their saw-logs, but drop their "golden sand."

And these genial, kindly aspects of Nature have left their stamp upon the fortunate dwellers in the sunshine and golden mist, professional as well as lay.

Go into the medical gathering and you are conscious at once of the energy of the North, combined with the warmth and poetry of the South. In how many of our prosaic, statistics-ridden, sub-Arctic gatherings would you have a solemn medical discussion, illuminated by a most apt quotation in the original German from Goethe's "Faust," such as Dr. Van Dyke delighted his audience with? Their papers are brief, clear and to the point, the discussions animated, keenly critical well abreast of the times, but such is their sunny tolerance that it extends even to the erring members of their own profession. They have had the majority vote to elect and the habit of taking in everyone who seemed respectable for ten years past, and are enthusiastic in its favor. They feel that they have helped one another, promoted the welfare of the profession and raised the standard of practice and ethics by so doing. Their President, Dr. Brower, sent a most cordial, but unofficial message to the Portland profession, urging them to "get together and join the procession of progress."

The same spirit marked their treatment of a proposal to enlarge the boundaries of the district and include Douglas county, of which Roseburg is the County Seat. Not only was it unanimously agree to, but a committee was appointed to secure a list of all available physicians in the County and personally invite them to join. This will nearly double their membership, but they seemed to have no fear whatever of spoiling the har-

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mony of the Society, or lowering their standard thereby.

The attendance at the meeting was excellent, especially in view of the fact that the average mileage of the members present was something like sixty. Distance, however, has no discouragements for them, and a cordial invitation for the next session was presented by one member in behalf or a thriving town twelve miles from the railroad, and up the mountain all the way at that. "Wagons would be provided in abundance, and roads would be pretty good by May."

Some interest attaches to the fact that this was the first semi-annual meeting, and at present rates of progress quarterly sessions may soon be seriously considered.

The meeting was called to order by President Dr. D. M. Brower, of Ashland, and as the faithful Secretary, Dr. F. M. Shaw, of Ashland, who had worked hard for the success of the meeting, was prevented from reaching Grants Pass at the last moment, by one of those accident incidents always liable to befall us luckless doctors, Dr. E. B. Pickel, of Medford, was appointed Secretary pro tem.

The question of the status of the

Dr. E. M. Brower.

Society in relation to the State Association was first taken up, and as a brief discussion by Drs. Van Dyke, Brewer, Pickel and Moore developed the fact that the Society having a majority rule and habit of electing all who "could be made reputable," of ten years' standing, was already qualified for affiliation under the new constitution, the Secretary was instructed to renew their application, made last year before the Board of Councillors.

Dr. F. M. Shaw.

It was suggested by a visitor that, at present indications, the Southern Oregon District and Marion County Societies would constitute the whole State Association next year, and could divide the offices between them.

Many cordial expressions were made of approval of the forward step taken by the State Association.

Applications for membership were presented from Dr. Maud Cremer, Dr. Alice Prettyman, and Dr. E. Love, of Grants Pass; Dr. J. C. Twitchell, of Roseburg; Dr. Bowersox, of Glendale, and Dr. Clarence Keene, of Medford, who were elected by unanimous vote.

Dr. Woods-Hutchinson, of Portland, was courteously elected an honorary member.

After some discussion of the proposal to add Douglas County to the territory of the Society, this was enthusiastically adopted, and Drs. Twitchell, of Roseburg, and Bowersox, of Glendale, were appointed a committee to prepare a list of the physicians eligible whom the Secretary should then invite to join.

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Invitations for the next meeting, in May, 1903, were received from Dr. Officer, on behalf of Eagle Point, and Dr. Pickel on behalf of Medford, and the latter place was decided upon.

The scientific program was opened by a paper on "Ophthalmia Neonatorum," by Dr. Van Dyke, of Grants Pass, reciting an exceedingly interesting and desperate case of this disease, in which by steady persistence in strict cleanliness and nitrate of silver brushings, excellent vision was at last secured, in spite of deep central ulcers of both corneae and threatened prolapse of the irides for weeks, and dense plaque-like opacities lasting for months. We hope to present the paper in an early number of The Sentinel. This was discussed by Dr. Moore, of Grants Pass, who had seen the case in consultation and testified to its apparent hopeless character. Dr. Pickel, of Medford, whose report of an almost equally unfavorable case had encouraged Dr. Van Dyke to doggedly persist in his treatment; Dr. Twitchell, who spoke briefly of protargol; Dr. Smith, who suggested canthotomy in severe cases; Dr. Prettyman, who related cases seen in hospital practice, and urged the regular practice of Crede's method, and Dr. Brower.

The next paper, by Dr. Flannagan, of Grants Pass, described a series of three cases of "Septicaemia," of most interesting character. The first occurred in a healthy adult from a splinter wound in the wrist, and ran a typical, though rather severe course. This was rapidly followed by a severe erythematous inflammation of the skin and subcutanea of both hands and feet, extending to arms and legs, in his wife and son respectively. This was attended with rigors, backache, high fever and general prostration, but without either any appreciable lesion of the skin, formation of boils or pustules, or the occurrence of any suppuration whatever, although the limbs affected were markedly swollen, painful and discolored; some ecchymotic patches developing to a degree which apparently threatened gangrene.

The question was raised whether the second and third cases were not septic infections from the first, transmitted through air or food, and without entrance through any local lesion of the skin.

In the keen discussion which followed, by Drs. J. C. Twitchell, Van Dyke, Bowersox, Kremer, Moore, Woods-Hutchinson, Pickel and Brower, the whole subject of the frequency and severity of traumatic septic infections in loggers, miners and woodsmen generally was opened. It was generally agreed that cases of this class were both more frequent and more severe than in the Eastern States, and that many of the most virulent cases never showed a drop of pus-formation from start to fatal finish. So violent and atypical were some of these latter that it was suggested that some other pathogenic bacillus or bacilli might exist in Oregon soil, distinct from the ordinary pus-forming staphylo and streptogroups, and having a virulence more comparable to that of the bacillus of malignant edema, or the tetanus germ.

An adjournment was taken to the Hotel Josephine, where a banquet which would have done credit to a metropolitan chef, was provided by the local profession of Grants Pass. After discussing the menu with the same keen relish that had marked its previous activities, and listening to a half dozen of brief and appropos toasts proposed in his best vein by Dr. Van Dyke, and responded to by Drs. Woods-Hutchinson, Twitchell, Prettyman, Smith and Pickel.

With that irrepressible enthusiasm

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for science which marked the entire gathering, the regular program was again taken up after the banquet at 11 P. M., and continued cheerily till nearly 3 A. M.

An address was given by Dr. Woods-Hutchinson, of Portland, upon "Intestinal Auto-Intoxication," which provoked a vigorously critical discussion, in which almost the entire audience took part, giving the speaker his hands full in reply.

Dr. Brower closed the program by his Presidential Address on "The Role of the Sympathetic Nervous System in Health and Disease," a thoughtful and suggestive paper which developed an appreciative discussion.

Reports of interesting cases were made by Drs. Moore, Pickel, Flanagan and Brower, and after a rising vote of thanks to the visiting speaker and the profession of Grants Pass, the session adjourned.

Multnomah County Medical Society.

The regular meeting of the Multnomah County Medical Society was held in the Marquam building, Portland, Or., November 4, 1902, Dr. J. T. Walls presiding.

The paper of the evening, "The Origin and Treatment of Crime," by Dr. J. W. Morrow, occupied the attention of the meeting, all present taking part in the discussion.

After which a symposium on "Typhoid Fever" closed the program of one of the most interesting and largely attended meetings of the Society. L. VICTORIA HAMPTON,
Secretary.

City and County Medical Society of Portland.

The session of the Portland Medical Society, held November 19th, was devoted to a full consideration of the by-laws governing the election of members, in the light of the requirements for affiliation, enacted at the late meeting of the State Medical Association.

After free and vigorous discussion of the problem presenting itself to the Society, opened by Dr. K. A. J. Mackenzie, followed by Drs. Josephi, Coffey, Giesy, Binswanger, A. D. Mackenzie, Wheeler, Bell, Wm. Jones, Harry Lane and Woods-Hutchinson, it was moved that in future members should be elected by a two-thirds majority vote in open session.

This was unanimously carried, and a committee consisting of Drs. K. A. J. Mackenzie, A. J. Giesy and Wm. Jones, appointed to draft a by-law embodying this change and present it at a coming meeting.

Dr. Woods-Hutchinson was appointed by the chair to prepare a paper for the next meeting, December 3d.

Marion County Medical Society.

As already briefly noted, the regular physicians of Marion County organized a Society at Salem the 18th day of October. An informal meeting was held in the medical department of the Willamette University, at which there was a good attendance throughout the county. Permanent organization was effected and a constitution and by-laws adopted, after which Dr. E. A. Pierce, of Salem, read a paper urging the necessity of a State Board of Health. This subject met with such hearty commendation that in the discussion which followed the consensus of opinion was that every member of the Society should act as a committee of one to use his influence with our representatives in the next legislature in behalf of such a measure.

Dr. Andrew C. Smith, of Portland, was present, and as a member of the

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next Senate, pledged his support to any rational measure that would promote the public health.

After the meeting the members adjourned to a banquet which had been prepared for the occasion, voting the meeting an entire success, and each member feeling a mutual benefit in being a member of the Society.

The Marion County Medical Society held its second regular meeting at the Lecture Hall of the Medical Department of the Willamette University Saturday evening, November 1st, at which there was a good attendance. Two new members signed the charter, making the membership now twenty-seven.

The paper of the evening was read by Dr. W. B. Morse, of Salem, on "Surgical Details." He took the ground that the surgeon could not recreate destroyed parts; that foreign bodies in the tissue, even for a short time, were a detriment; that some germs enter into every operative wound; and the more dead and injured cells, the more danger of suppuration.

Upon these facts he based a plea for great conservatism regarding the renewal or destruction of tissue; for the use of ligatures and sutures which would be absorbed; for sharp knives and scissors, delicate use of clamps and forceps; avoidance of rough handling of tissues, and of irrigation, packing and drainage except when imperatively demanded.

He also insisted upon close and accurate opposition of severed tissues, and believes this may be accomplished by the use of catgut and kangaroo tendon. He also advocated the use of normal salt solution for irrigating and the drainage wick of Robert Morris when drainage is required.

The paper was ably discussed by the several members present, and many points of interest brought out.

The President announced the program for next meeting as followws:

"Diagnosis of Typhoid Fever," by Dr. J. N. Smith, of Salem.

"Treatment of Typhoid Fever," by L. F. Griffith, of Salem, and a paper by Dr. W. C. Hawk, of Jefferson, who will choose his own subject.

CARLTON SMITH, M. D.,
Secretary.

Seattle Medical Meetings.

At the meeting of the King County Medical Society, held October 20th, Dr. Wyllis A. Silliman read a comprehensive paper on the Roenten Rays in Medicine and Surgery. Accompanying radiographs illustrated the value of this method of study of the various anatomical regions. Among other things, all the cavities and sinuses of the head were shown, the thoracic and some of the abdominal organs, pulmonary tuberculosis, cancer of the stomach and calculi. The importance of accurate technique in avoiding fallacies was insisted upon. As to their therapeutic uses, the essayist had found the rays curative in epithelioma, rodent ulcer, sarcoma, lupus, and certain skin diseases. Neuralgia was often relieved. The pain of internal malignant growths was mitigated, but whether one can often expect a cure in these cases, under favorable conditions, remains to be seen.

Dr. Kibbe was skeptical as to the possibility of photographing the various sinuses of the head. He also doubted the therapeutic value of the rays in most cases, and thought they were of use chiefly in diagnosing fractures and dislocations.

Dr. Schoenle stated that during his recent study period in Europe he had noted that in Vienna most dermatologists had abandoned the use of the X-rays except for alopecia.

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areata. In London, the Finsen treatment was lauded at some hospitals, at others the X-rays were as enthusiastically applied, and the adherents of each method of treatment reported many successes.

Meeting of the King County Medical Society November 3d.

Dr. T. W. Sloan presented a case of epithelioma of the penis. The growth began on the corona glandis, and attained the size of a fist. X-ray treatment was employed for about two weeks, and from the first relieved the pain. Amputation was then performed, and there are, as yet, no signs of recurrence.

Dr. De Beck reported a case of atrophy of the optic nerve, doubtless due to infection following vaccination. This sequel is rare, and in the present case has led to medico-legal complications.

At the meeting of the King County Medical Society held November 17th, Dr. DeBeck read a paper by D. F. M. Conn on "Foreign Bodies in the Alimentary Canal in Children." The usual methods of treatment were detailed, and the histories were given of seven cases, two of which terminated in convulsions and death.

Dr. Stillson exhibited the radiograph of a child that had swallowed a large button, which passed later unobserved.

Dr. Miles also exhibited a radiograph of a baby that had swallowed a large thimble, which lodged in the oesophagus, but was pushed into the stomach and the child recovered.

Other curious cases were reported by Drs. Peterkin, Bailey, C. A. Smith, Moore and Sweeney.

Dr. C. A. Smith announced that "Northwestern Medicine," a monthly journal of which he is editor-in-chief, will appear in January.

The Treatment of Gall-Stone.

The Revue Therapeutique Medico-Chirugicale contains in its issue of June 15th an article by Hirtz in which after pointing out the hereditary and family influences which govern the frequency of gall-stones, he proceeds to a consideration of the prophylaxis of this condition. It is important that patients having a tendency to gall-stones should take moderate exercise, and that women who suffer from them should not wear tight corsets. He thinks it also advantageous in some instances to resort at times to an absolute milk diet and to add to the milk Vichy water. If an attack is threatened, it is also important that the patient shall remain at rest. In the way of internal treatment, for the purpose of calming the patient, he advises hot baths lasting from twenty-five minutes to one hour, and the application to the painful area of poultices containing laudanum, or of hot compresses, or the following liniment may be used:

℞ Laudanum, 6 drachms.
Chloroform, 1 drachm.
Camphor liniment, 5 ounces.

And simultaneously the following mixture may be given:

℞ Antipyrin, 30 grains.
Syrup of codeine, 2 ounces.
Chloroform water, 4 ounces.

A dessertspoonful of this should be given every half hour while the pain lasts.

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EXTRACTS

Hedonal, A New Hypnotic.

By Dr. W. Scherf.

Hedonal is a crystalline powder, soluble with difficulty in water, but readily in alcohol, of a feeble aromatic odor and taste resembling mint. In solution its taste is more strongly developed. The experiments of Dresser on animals have shown the superiority of hedonal over chloral hydrate, and have demonstrated that it does not affect the respiration or blood pressure, but that the renal functions are markedly stimulated. The experiments on human beings have verified the above statements, with the exception of the diuretic action of the drug. Thus, for, instance, Goldmann reports that after the administration of hedonal in doses of 30 grains to 40 grains sleep occurs in twenty to thirty minutes, and lasts for about seven hours. He recommends the drug in the lighter forms of agrypnia, and found it inefficient in conditions of marked delirium and bodily pains. Eurenburg recommends hedonal in hysteria and neurasthenia in doses of 15 to 22 grains, and praises its mild action. Schuster, from the Clinic of Mendel, lays stress upon the complete abs nce of unpleasant sequelae, and advises its use in functional diseases of the nervous system. Schuller has tested hedonal in the Clinic of von Krafft-Ebing, and reaches the same conclusions. He recommends it particularly in conditions of mental depression and over-taxation.

Our experiments relate to a series of cases of functional disturbances which are commonly nowadays termed neurasthenia, and furthermore, to a number of cases of light melancholia, conditions of epileptic excitement, insomnia in diabetic subjects, as well as a case of facial erysipelas attended with sleeplessness.

The following histories have been selected for the sake of illustration:

Case 1. J. S., seamstress, aged 27 years, consulted me for a mental trouble. Her parents died early, her father from alcoholism, the mother from hemorrhage from the stomach. Last winter the patient was attacked with influenza, from which she recovered with difficulty. Since then she has been hypochondriacal, tired of life, complains of headache, constipation and lassitude. She is greatly depressed, takes no pleasure in anything, avoids society, torments herself with ridiculous self-reproach and dreads becoming insane. The pulse is regular, small and 90. The patient lives with her aunt, and is well taken care of. She states that she sleeps scarcely an hour, and not until morning. After cold baths she feels better and more vigorous, but sleep nevertheless fails to occur. I prescribed hedonal in 22 grain doses and after five days' use the patient reported a very prompt effect. She stated that she slept restfully after one-half hour and awoke at the end of six hours, feeling refreshed and capable of work. After ten days' use of the drug the general condition was much improved and the patient discontinued the medication. She is now able to sleep without hedonal, and is delighted with its effect.

Case 2. E. B., 35 years old, was attacked with erysipelas of the nose, which rapidly spread over the entire head to the back of the neck. On the third day of the disease the patiert

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became maniacal, taking hold of anything that came into his hands, becoming extremely angry, and throwing it around. He abused his attendants, and refused to remain in bed. When I arrived I found everyone in fear. The patient, in spite of a temperature of 40 degrees C. was only scantily attired, and in the act of leaving the house with a staggering gait. By persuasion and promises, I finally induced him to lie down. As I feared to give him an injection of morphine during continuance of the mania, I ordered 30 grains of hedonal in liquor, and later administered 15 grains of chloral hydrate in an enema. The patient then became quiet and slept for about four hours. On the following day he was still languid, but quiet, and as the erysipelas soon disappeared the patient left his bed after eight days' illness.

Our observations, therefore, agree with those of other authors in every respect. In doses of 22 to 30 grains we obtained a quiet, agreeable and pleasant sleep of from four to eight hours, from which the patient awoke without any feeling of stupor. Hedonal, moveover, is completely inocuous.

Senility.

Is treated generously by Nature, and claims like treatment at the hands of science. The stingy, parsimonious attentions that are paid to advanced life constitute an unpardonable transgression. Old age must be reckoned with as a disease, as a departure from order, a depravity of order. As Cicero said long ago, "We must make a stand against old age. Its faults must be atoned by activity. We must fight, as it were, against disease." There is no arrest of the oncome of old age, but the advances can be retarded. If we will so receive it, senility is a neurosis. The bankruptcy that threatens, and destroys the credit of life, affects primarily the nervous system. It is here that decay comes on; and it is here that the ministry of nutriment is sought out. The body, impaired by age, feels little impairment if nutritive and easily digested food is provided. Length of days has to do with strength of nerve, and strength of nerve with liberality of diet, suitably disposed. The degeneration of tissue is the main point to be borne in mind. The great matter is to put as far hence as may be the structural impairment of the nerves, and to impair if such impairment has entered the system. In order to maintain health and vigor, mere tonics will not be effective, and nothing short of palatable food will be adequate. It is therefore that McArthur's Chemically Pure Syrup of Hypophosphites is invariably found to produce a surprisingly beneficial effect upon the health of the aged. This is apparent in all disease conditions, and not alone in those which give names and place to neurotic conditions. . The principal nerve-centers are nutrified, and increment of activity ensues, so that the impulses of healthful life are transmitted all through the organism The nerve-centers thus stimulated send out powerful efferent currents of nerve force, and throw not only the ordinary but also the accessory tissues into energetic action, disposing of respiratory, assimilative, and other forms of embarrassment as they occur. The patient is relieved from all violent efforts for keeping up the functions of existence. In the words of an elderly practitioner who had taken the Syrup as the daily food of his three-score-and-ten years, "I thought I was getting on in life, but I find that I am getting on in living, instead." Be generous with the old,

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and the generosity will hinder that obsolescence which speaks so bitterly of diminished capacity and structural degeneracy.

Upon receipt of forty-five cents in stamps, we shall be pleased to forward, express prepaid, to any physician one regular bottle, one dollar size. Small sample and literature free. The McArthur Hypophosphites Co., Ansonia, Conn.

"Stenosine."

(Di-sodic Methylarsinate.)

The arsenical (mineral) preparations used in therapeutics hitherto, always have been dangerous and difficult to employ, on account of their toxic properties and intolerance.

Organic arsenical preparations, however, seem to be free from these inconveniences and on this account, the cacodylates have been largely used in recent years, although they also have certain defects, such as the fatigue they occasion in the stomach and production of disagreeable garlic-like eructations.

Di-sodic methylarsinate, taken internally, does not produce gastritis, dyspepsia nor garlic-like eructations and fetid breath, and is a powerful remedial agent which has a number of useful applications.

Its effects in paludal fevers have been most remarkable. At Constanllin4oftthae shr cmfwytaoinhr dlum with great success in a number of cases of intermittent fever, of quotidian and pernicious type, which did not yield to quinine even in heroic doses.

Di-sodic methylarsinate increases the appetite and strength, while the number of red blood corpuscles are augmented. (Acad. des Sciences, 10 Fevrier, 1902).

In tuberculosis, its effects are not less remarkable; the tolerance is perfect, all patients can take it, whereas the cacodylates cannot be retained by some persons.

Indications.—Paludal fever, skin diseases, chorea, the vomiting of pregnancy, adenopathy, anemia, leucemia, asthma, grippe, bronchitis, emphysema, tuberculosis, etc.

Dose.—Each capsule of "Stenosine" contains one centigramme of di-sodic methylarsinate, incorporated with an inert powder, which favors its assimilation in the organism.

One to five capsules daily, to be taken at meals.

A Contribution to the Therapeutics of Anaemic Conditions.

By Dr. Hermann Metall, Assistant Physician to the General Polyclinic, Vienna, in the Medicinisch-Chirurgisches Central-Blatt, thus sums up his results:

Altogether, 23 cases of anaemia were treated with Pepto-Mangan (Gude), of which 12 showed a normal haemoglobin per cent. of the blood after 14 days, five after three weeks, and five after a month. On the other hand, one of the patients who had hereditary trouble (her father having suffered from pulmonary disease) was discharged only improved, the blood, after two months' treatment with Pepto-Mangan (Gude), showing only an increase of haemoglobin to 75 per cent. This was probably a case of tuberculosis which simulated an obstinate or severe chlorosis at its beginnig.

Furthermore, two cases of acute anaemia after profuse haemorrhages were treated with Pepto-Mangan (Gude). A favorable result was obtained as early as the end of the first week. In one instance the patient felt so well that only the fear of further haemorrhage constrained him to stay in bed for another week. In

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the case of three women who had miscarried during the early months of pregnancy, and were making a very slow recovery from the resulting anaemia, I was able to obtain a complete recovery after four weeks' administration of Pepto-Mangan (Gude). In six other instances of weakness and anaemia following acute and chronic disease (tuberculosis, carcinoma, scarlet fever, etc.), a disappearance of the feeling of weakness and a considerable improvement of the general health could be observed in every instance.

The histories cited above will afford conclusive evidence of the high therapeutic value of Pepto-Mangan (Gude). Unpleasant concomitant effects and disagreeable sequelae were never observed during the use of the remedy. Eructations, pressure in the stomach, and nausea were never noticed.

In conclusion I would say that Pepto-Mangan (Gude) is a valuable and reliable blood-building remedy, which can be recommended for general use in appropriate cases.

A Case of Resection of the Bowel With Recovery.

By Fred C. Miller, M. D., Tacoma, Wash.

On July 1, 1902, I was called to the County Hospital to see Mrs. Hermann, a widow lady 40 years old, mother of four children. Found that she had been vomiting stercoraceous matter for 36 hours. On examination I found a tumor extending from the sympysis pubes to the anterior superior spinous process of the illium and from two inches below the umbilicous to one inch below Pouparts ligament, in the right hypogastric and inguinal region, the most prominent part being over the right inguinal canal. The tumor was very hard, tender on pressure, and the whole area of a dark purple color. I diagnosed the case as a strangulated hernia. The patient was very weak, bathed in a cold perspiration, pulse 140, temperature 97. Patient was at once placed on the table and anaesthetized and field of operation prepared. I made an incision three inches long just above and parallel with Pouparts ligament. Found the tumor about the size of a baseball and perfectly black. With a probe pointed bisoury and my finger as a guide I severed the muscular fibers forming the upper margin of the ring and allowed the gut to drop back into the abdomen. As the patient was in bad condition, I packed loosely with iodoform gauze around the gut and put her to bed. She rallied nicely and continued to do well. (She had taken nothing into the stomach aside from regular doses every two hours of trophonine.) After taking one grain of calomel her bowels moved nicely and continued to move daily until the eighth day, when I found pneumonia had developed and with it a constant and very distressing cough. On the evening of that day she began passing feces through the wound and continued to do so up to July 22nd, when, after having thoroughly cleared the bowels with calomel and the citrate of magnesia, I again had her prepared for operation. I made an incision five inches long just above and connecting with the old wound, which had nearly healed, leaving an artificial anus about three-fourths of an inch in diameter. Found very extensive adhesions of the bowels in every direction. Succeeding in breaking them up and delivering the bowels with three holes in it.

Each about one inch in diameter and about two inches apart. Be-

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tween the two upper openings was an abscess containing about one-half ounce of pus. After cleansing as thoroughly as possible with saline solution I passed a probe threaded with a strip of gauze through the mestentery and around the healthy gut about three inches both above and below the affected part, and tied them tight enough to close the lumen of the bowel; then, while my assistant held the gut up between me and the light, I tied off all the mesenteric vessels I could see that would be cut in removing the diseased gut. I then cut the gut across diagonally on either side of the affected part and cut the gut loose from the mesentery, removing eight inches. Although I had tied off all the vessels, I could see there was a good deal of hemorrhage from the free or cut margin of mesentery. I then with fine catgut whip stitched the cut border, which completely stopped the bleeding. Then, instead of using a ligature for guy string, I caught the ends of gut on either side of both openings with catch forceps. I then carried Figure 1 of proximal opening, as shown in Plate 2, across to a point corresponding to Fig. 1 of distal end of bowel and Fig. 2 of proximal end to a point to correspond to Fig. 2 of distal end, thus approximating the serous surfaces of one-half the circumference. I then took a straight needle threaded with kangaroo tendon and passed it from outside into the lumen of the bowel at the junction of the two serous surfaces passing into the proximal end of gut, then through into lumen of the other free end, then back and forth across to the opposite side and out the distal end of bowel. Then with another needle and kangaroo tendon the needle is passed from without into the lumen of the distal end as close as possible to where the other needle entered. The needle is then carried over the approximated surfaces and into the lumen of the proximal end of bowel, passing through all coats and out through the serosa, then carried over and enters the serosa again, back again from within out and so on till the opposite side is reached, then out through the proximal end. I then removed the catch forceps and, picking up both ends of suture No. 2, as shown in Plate 3, I made gentle traction, the suture began to draw through and at the same time the mucosa of both ends began to turn in and the serous surfaces to approximate until all the slack in suture No. 2 was taken up and the serous surfaces tightly approximated, in the entire circumference, as shown in Plate 4, I then tied sutures Nos. 1 and 2 on either side tightly, but not tight enough to lessen the lumen of the gut. Now, if there was a possible chance for leakage it was where the knots were tied. So I brought down the free margin of the omentum and with fine catgut sutures stitched the omentum over the knot on one side, then carried it across and stitched it over the knot on the other side. I then removed the gauze strips that had been used to close the lumen of the bowel and dropped the bowel back into the abdomen, then run a small wick of iodoform gauze from the place of union downward and out through the old artificial anus, then closed the peritoneum with No. 1 catgut, brought the fascia together with interrupted sutures of chromicized catgut and closed the wound with silk worm gut sutures through and through from peritoneum out. Put on the ordinary dressing and put patient to bed. Gave her nothing but liquid diet for ten days. Moved bowels with small doses of calomel on seventh day. Patient made an

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Diabetes Mellitus.—Its Treatment and Cure.

The above is the title of a mass of very convincing reprints of articles written by fifteen of the leading doctors of America, in which Arsenauro has been the medical agent employed to effect cures of this very prevalent disease, Diabetes Mellitus. As nearly every physician in the land is today treating cases of diabetes, we would urge writing to Chas. Roome Parmele Company, 45 John street, New York, for this pamphlet. The makers of this product are acting only as manufacturing druggists, and not as physicians, which should endear them to physicians, as they keep upon "their side of the road." In a personal letter which accompanied this pamphlet to The Medical Sentinel office, appeared the following, which we see no objections in publishing, and which carries in itself a very convincing argument:

"The work that we have done has been along most strictly ethical lines. We have entirely shut ourselves out from anybody and everybody, except the medical practitioner, refusing to send any clinical data whatever to anyone who is not a physician. We have received thousands of letters from the laity, and in every instance we refer the patient back to his physician, and in view of the fact that the labels on our bottles do contain all the ethical data of value to the physician and do not contain one single thing which is, in any remote way, the slightest indication to the patient as to what our products are for, or as to how they are to be used, we feel that having thus placed ourselves absolutely and entirely into the hands of the medical profession, that we are entitled to the full cooperation and support of the medical profession. Surely this is our due. As to what Arsenauro and Mercauro have accomplished in Diabetes Mellitus is a matter of record, and the pamphlet which we send you tells it. It is not what we say about our products, but it is what your colleagues say. The work that we have done entitles us to encouragement. In journal after journal we have seen references to Diabetes Mellitus. The subject is evidently of deep interest, and it is equally evident that the medical profession does not realize the full results which can be accomplished through the administration of Arsenauro."

Incompatibilities.

Prescriptions may be regarded as incompatible when they include drugs which oppose each other in their physiologic action, or when an ingredient, administered in a liquid form is insoluble in the mixture containing it, and when an ingredient is thrown out of solution by its admixture with other liquids. However, substances which are insoluble in the ordinary solvents may not be regarded as incompatible unless an even distribution can not be made through the menstruum or vehicle. A prescription is always incompatible when by combining two or more ingredients a chemical change takes place.

Incompatibilities, therefore, may arise: 1, therapeutically; 2, pharmaceutically; and 3, chemically.

Physiologic Incompatibility.—Therapeutic incompatibilities take place when drugs are prescribed together which are opposite in their action upon certain parts of the system. To avoid such incompatibilities it behooves the practitioner to exercise care unless such actions are desired. The druggist is not bound to checkmate such combinations, because it is not unusual for such prescriptions

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to be written by the physician in order to accomplish a certain purpose. For example, in some conditions of the pulmonary circuit where there is marked congestion, perhaps from pneumonia or chronic endocarditis in some form, it may be desired from the nature of the condition to prescribe digitalis, but to avoid the high arterial tension produced by this drug, some preparation may be combined with it or given in alternate doses with the digitalis to relieve the arterial tension by producing an opposite action upon the coats of the vessel.

For such purposes the nitrites may be given. Consequently, a prescription containing such a combination as the foregoing would be regarded as therapeutically incompatible, and yet with a proper knowledge of their action, incomparable advantage sometimes may be accomplished by that method.

The prescribing of aloes with the iron preparations is of service in preventing the constipating effects of the iron; these drugs are frequently administered together in the form of pilula aloes et ferri. It is common to include extract of hyoscyamus or extract of beladonna in laxative or purgative pills to prevent them from griping by regulating peristalsis. Caffein citrate may be combined with acetanilid in such quanities as to counteract its depressant effects on the heart. Likewise in certain individual drugs there are found principals which are antagonistic to one another in their action; in jaborandi, opium, and rheubarb, for example, there are certain antagonistic principles which exist in such proportions that one drug acts as a corrective to the other and not as neutralizer. Morphin, when given hypodermically, is guarded in its action upon the heart and respiratory centers by atropin combined with it.

The Record of a Bad Burn.

By W. G. Stedman, M. D., Rochester, N. Y.

H. M., Rochester, N. Y., age 19, family history good, occupation charge of a department in the Rochester steam laundry. Had her right hand taken into an almost red-hot mangle. All the girls in the department became excited, but luckily the foreman, who was near, pulled off the belt, stopped the machinery, and liberated the hand, although it had passed in as far as the wrist. The dorsal aspect was against the hot rollers, the blood was all pressed out, and the flesh burned to the bones.

Treatment.—Water as hot as could be tolerated was applied for an hour or so, then unguentine for a few hours, changing the dressings every hour. At the end of this time, the hand was suspended in a hot carbolized solution 1-40 to 1-20, cotton batting being put in the pan for the hand to recline against. It promoted the separation of the slough, which occupied two weeks, coming off in a solid mass, leaving the first, second and third phalanges of the four fingers and their articulations exposed.

At this time the hand was extremely painful and was taken out of the solution and dressed with the following ointment: ℞ Orthoform, ʒ j; unguentine, ℥ j; which found soothing and agreeable to patient, having tried different other remedies with less satisfaction. In a few days used bovinine and lint and applied with very good results. This stimulated granulations and prevented discharges, but was so extremely painful that this mode of treatment had to be discontinued.

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I then tried protonuclein special powder after the usual cleansing of the parts, according to the condition. I covered burned flesh and bones with the protonuclein special, and then each finger separately with strips of lint covered with unguentine and later with vaseline. Over this, cotton and thin bandages. These dressings were changed three or four times a day with most encouraging results. There was less pain, granulations became very prolific, and in a week they encroached considerably over the bare bones. This also stimulated the exfoliation of burned bone which had to precede granulations, so that in about three months the fourth phalanges were completely covered. On the first, second and third fingers, the granulations stopped encroaching over the burned bone, while the skin continued extending over the granulations until it reached the margin of unexfoliated burned bone as shown in photo No. 2.

Continuing the protonuclein, dressing hand three times a day, the burned bone began to separate around its edges, and in a few weeks I was able to remove the burned portions in toto from the first, second and third fingers. One of these pieces was 18 mm. by 2 mm.

With the above treatment at no time did the hand become congested or swollen. Internal treatment consisted of giving calcium sulphide, bromides and calomel, and other remedies as were indicated from time to time. She was under treatment between five and six months, and it is now over a year since she was discharged well, and so far no cicatricial contractions have shown themselves. She is able to write and do all kinds of work with the hand, as is seen by a photo of her present condition.

Typhoid Fever.

The typhoid bacillus usually makes its exit from the body in the faeces, but in rare cases also in the sputum. The latter mode of excretion probably does not in general play a great role in effecting the spread of the disease; but just on account of its rarity it is likely to be overlooked, and hence, when it does occur, is a dangerous source of infection to surrounding individuals. Of the very greatest importance, however, being certainly the chief means by which contagion is transmitted, are the bacilli which are in numerous cases excreted with the urine. This fact was discovered by Hueppe and Seitz as long ago as 1886, and has been frequently confirmed; but its epidemiological importance was first realized only by Petruschky. The latter showed that in one case one cubic centimeter (¼ dram) of urine contained more than 170 millions of typhoid bacilli; and he calculated that in that instance the daily excretion of the micro-organisms amounted to 200 milliards of bacilli.

The most stringent disinfection of the stools, the sputum, and above all, of the urine, is absolutely necessary in every case of typhoid fever. And since the investigations of Neufeld have shown that in some cases the excretion of typhoid bacilli persists during convalescence and even for weeks after recovery, we are compelled to regard the urine as infectious in all cases until a careful bacteriological examination has demonstrated the absence of the micro-organisms. The premature dismissal of a patient in whom the bacillary excretion has not ceased, constitutes a grave danger and may be the cause of a recrudescence of a typhoid epidemic.

Neufeld confirms Richardson's as-

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sertion that the employment of urotropin 5 grams (75 grains) in 150 grams (5 ounces) of water, in tablespoonful doses three times a day for three weeks renders the typhoid urine germ free. And since Schumberg has shown that the urotropinized urine as such inhibits the development of the typhoid germ, the cessation of the bacteriuria can only be accepted as a fact when the bacilli are no longer found after the remedy has been discontinued for a considerable period of time.—From "The Experimental Diagnosis, Serotherapy and Prophylaxis of Infectious Diseases," by Staff Physician Dr. E. Marx, Vol. XI, page 51, Bibliothek von Coler, 1902.

Myiasis.

Larvae of beetles and caterpillars of moths, among other parasitical forms of life, have occasionally taken up a temporary abode in the stomach of man. The frequency and importance of these cases is small but the maggots of flies have caused symptoms of greater or less severity in hundreds of cases, observes Hutton (Liverpool Medico-Chirurgical Journal, March, 1902), who thinks it strange any person escapes harboring lodgers of this kind. He points out that uncooked foods, such as vegetables, salads, turned milk, unboiled water, fly-blown meats, tainted cheese and game, are common or occasional breeding-places for house-flies, meat-flies, flesh-flies, flower-flies, drone-flies, and many others.

Any case of myiasis intestinalis is curious and interesting. It is puzzling to find an incubation stage, as it were, lasting for some days in some cases, with few or no symptoms, during which the maggots have lived and waxed fat and strong and bristly, so that at last they bring about the pain, nausea, giddiness and so forth, of the invasion period, and at length cause the critical evacuation that usually ends the case.

The resisting power of these maggots is surprising. Some rat-tailed maggots that "sat up and looked" at the patient who passed them, "with their black eyes," lived for forty minutes in alcohol at 90 degrees C., and maggots of the blow-fly or blue-bottle will survive three or four hours immersed in tincture of iodine, or a saturated solution of thymol, or 1:1000 perchloride. Yet Hutton has more than once found a single dose of blue-bottle maggots to cause no inconvenience when administered to a man.

Extraordinary stories have been told of cases where the discharge of larvae has recurred at intervals of weeks or months, and again and again at similar periods as if they were bred in the bowel.

Occasionally no symptoms are complained of until sudden vomiting or purging discovers the larvae. As a rule, however, a few days after the ingestion of food containing maggots, the patient complains of abdominal discomfort or colic, with curious sensations, difficult to describe, "suckings," "pinchings," throbbings," etc., and marked loss of appetite. The pain may become very acute, and is generally situated in the epigastrium or left side. Hematemesis has more than once occurred. These sensations and signs are due, no doubt, to the active movements and bristly appendages with which the larvae are armed.

There is usually found well marked nervous symptoms also—apprehensive feelings, giddiness, vertigo, fainting, headache, reflex cough.

This state of matters continues for some days, and then relief is ob-

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tained by extrusion of the larvae per os or per anum.

The patient may be very ill, but no instance of death has yet been correctly reported as due to intestinal myiasis.

Diagnosis is practically impossible until the larvae have actually appeared. They may be few or very many in number. They have in one case numbered 1000, in others they have been computed by the liter.

Heart Lesions in Infancy and Childhood.

The prophylactic treatment of pericarditis and endocarditis depends upon the fact that the majority of these cases are rheumatic. The salicylates should be used thoroughly and early. It is undoubtedly true that the salicylate of sodium does not exert any direct effect on rheumatism of the heart already established, but nevertheless the drug limits the rheumatic process, and may possibly arrest its progress before it has seriously injured the endocardial structures. There are those who believe that the administration of salicylates predisposes to cardiac involvement. There is not, however, sufficient evidence in support of this view to make it tenable. Alkalies used alone or combined with quinine or salicylates are warmly recommended in some quarters for the treatment of the rheumatic state. Rest in bed should be insisted upon and begun early in the disease. The external application of an ice-bag is advised by many on the principle that cold inhibits cardiac action and exerts a favorable influence on the inflammatory process. Some clinicians advocate the use of hot applications; these are particularly indicated for the relief of precordial pain. Counter-irritation in the form of mustard paste or the tincture of iodine seems at times to give relief. To quiet the heart, which is laboring as the result of endocardial or pericardial inflammation, small doses of aconite are sometimes employed. If, however, the heart's action is feeble, associated with cold extremities, or if there is the slightest suspicion that the patient is threatened with collapse, if there is cyanosis or dyspnoea, aconite is contra-indicated. Opium in the form of Dover's powder or small doses of the alkaloids may be employed. When a large pericardial effusion causes interference with the heart's movement, aspiration should be resorted to. The needle is best inserted in the fifth intercostal space a trifle to the left of the sternum. It should be directed upward and toward the axillary line. After the valvular lesion has become chronic the patient should be placed upon a nutritious diet. The patients frequently have no subjective symptoms, and require rest in bed more than anything else. Holt, in a recent paper, emphasizes the importance of rest after acute cardiac inflammations. He believes that dilatation comes on rapidly and progresses more rapidly than in adults. He would keep his patients in bed after these inflammatory attacks, not for two or three weeks, but for as many months. When the heart begins to dilate and compensation fails, cardias stimulants are indicated. Digitalis, strophanthus, convallaria, and caffeine are used.—Abt, Medicine.

Aletris Cordial is indicated as a prophylactic remedy against postpartum hemorrhage, uterine weakness, great development of the fetus and of the adnexa, and in those cases in which there is disposition to hemorrhages.

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BOOK REVIEW

The Living Age. America's venerable and only weekly eclectic.

This standard weekly is the oldest, as it is the best, concentration of choice periodical literature printed in this country. It holds a unique position in the magazine world—a monthly that comes every week—a single magazine that contains the cream of all.

Those who desire a thorough compendium of all that is admirable and noteworthy in the literary world will be spared the trouble of wading through the sea of reviews and magazines published abroad; for they will find the essence of all compacted and concentrated here.

The Living Age is, for this reason, particularly well adapted to the needs of the busy American whose leisure for extended reading is greatly restricted. To those whose means are limited, it must meet with especial favor, for it offers them what could not otherwise be obtained except by a large outlay. Intelligent readers who want to save time and money will find it invaluable.

Its prospectus for 1903, which appears in another column, is well worth attention in selecting one's reading matter for the new year. Note their liberal offer to new subscribers.

The Medical News Visiting List for 1903. Weekly (dated for 30 patients); monthly (undated, for 120 patients per month); perpetual (undated, for 30 patients weekly per year); and perpetual (undated, for 60 patients weekly per year). Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal Grain Leather, $1.25. Thumb-letter Index, 25 cents extra. Lea Bros. & Co., Publishers, Philadelphia and New York.

A Visiting List is an indispensable convenience for the active practitioner. Its carefully adapted blanks enable him at once to note clinical details of every day work, as well as charges and receipts, and to unburden his memory of that which can better be carried on paper. It also furnishes him with a legal record necessary for the collection of delinquent bills. The work opens with 32 pages of printed data of the most useful sort, including an alphabetical Table of Diseases with Approved Remedies, a Table of Doses, Sections on Examination of Urine, Artificial Respiration, Incompatibilities, Poisons and Antidotes, a Diagnostic Table of Eruptive Fevers, and a full-page plate showing at a glance the incisions for ligation of the various arteries, an invaluable guide in such emergencies.

Diseases of the Skin. A Manual for Students and Practitioners. By Alfred Schalek, M. D., Instructor of Dermatology and Genito-Urinary Diseases in Rush Medical College, Chicago. Pp. 225. Cloth, $1.00. Lea Bros. & Co., Philadelphia and New York.

This little book comes in the form of an epitome, and serves a necessary and useful purpose. While it is not a substitute for the larger textbooks, it is unquestionably serviceable. It is truthful, accurate, clear and up to date, and states frankly and clearly the views upon dermatology as they are held by the best authorities at the present day. To facilitate reference, an alphabetical arrangement has been chosen which

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makes it a ready reference for students and practitioners. Its classification is accurate and up-to-date and, taking it all in all, it is a book which every practitioner should have in his library. For a guide to the student, questions have been arranged at the end of each chapter, making a clear, concise work, meeting the needs and requirements of the profession.

A Text-Book of Pathology and Pathological Anatomy. By Dr. Hans Schmaus, Extraordinary Professor and First Assistant in the Pathological Institute, Munich. Translated from the Sixth German Edition by A. E. Thayer, M. D., Instructor in Pathology in the Cornell University Medical College, New York. Edited with additions by James Ewing, M. D., Professor of Pathology in the Cornell University Medical College, New York. Illustrated with 351 Engravings, including 35 colored inset plates. Lea Brothers & Co., Philadelphia and New York. 1902. Price: Cloth, $5.00; Leather, $6.00 net.

The present work has reached its sixth edition in the German within a comparatively recent time, which fact is an unmistakable evidence of the deep hold which this book has taken upon the higher medical thought of the countrymen of its illustrious author. One feature which has given this book such a strong hold upon the scientific world is the fact that it is more compactly written than, and yet is equally comprehensive with the larger works of German origin. The work shows a disposition to state facts without arguments, and the large space sometimes given to authors has been dispensed with. The space usually occupied with such matter being filled with condensed statements touching present knowledge regarding the topics which this work discusses. In addition to the clear illustrations of the German, both in colors and otherwise, have been added a number of important illustrations by the hands of the American translators, whose work throughout for the English reading student in the translation, reflects great credit upon both Drs. Thayer and Ewing.

A Hand-Book of Materia Medica, Pharmacy and Therapeutics, Including the Physiological Action of Drugs, the Special Therapeutics of Disease, Official and Practical Pharmacy, and Minute Directions for Prescription Writing. By Samuel O. L. Potter, A. M., M. D., M. R., C. P., London. Ninth Edition, Revised and Enlarged. Philadelphia, Pa.: Blakeston's Sons & Co., 1012 Walnut Street, 1902. Price: Cloth, $5.00 net; Leather, $6.00 net, including thumb index.

As an evidence of what persistent work will do in improving what was already a grand work, the present edition of this book is an example. It will be recollected that it was only during recent times that the first edition of this splendid work was issued, and yet in this year of our Lord the ninth issue is before us. It is not saying anything detrimental to other excellent books upon this subject, for there are many others of superlative worth, to say that no book on Materia Medica has ever been written which has so completely met the wants of the medical student and busy practitioner as this work, which we, as practitioners on the Pacific Coast, take special pride in because it was written by one of our own local confreres. The present volume has received the benefit of the writer's prsonal experience in the Philippines while serving as Medical Officer in

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the Eighth Army Corps, and for the first time discusses a number of drugs hitherto unknown in this region, and which have been found of service by the native physicians of these, our new island possessions. Which, in view of our own proximity to these islands, gives the work an added practical value to the medical practitioner on this coast. It will be especially valuable to medical students in this region, for doubtless many of them will in time enter into practice in this newer field.

A Treatise on Diseases of the Eye, Nose, Throat and Ear. For students and practitioners, by various authors. Edited by William Campbell Posey, A. B., M. D., Professor of Ophthalmology in the Philadelphia Polyclinic; Surgeon to the Wills Eye Hospital; Ophthalmic Surgeon to the Howard and Epileptic Hospitals; Member of the Ophthalmological Society, and Jonathan Wright, M. D. Attending Laryngologist to Kings County Hospital; Surgeon to the Manhattan Eye and Ear Hospital, Throat Department; Pathologist to the Manhattan Eye and Ear Hospital. Illustrated with 650 engravings and 36 plates in colors and monochrome. Lea Brothers & Co., Philadelphia and New York. 1903. Price: Leather, $7.00; Cloth, $6.00.

The present work is a manifestation of the value of a treatise grouping under the same cover the diseases of the eye, ear, nose and throat. An aggregation of ailments usually covered by the same specialists, although here and there are those who confine themselves to one or more of the diseases mentioned. The book before us consists of 1240 pages, and is really an encyclopedia upon the subjects mentioned, and while Drs. Posey and Wright edit the work, its contributors are made up of such men as Alderton, of Long Island Medical College; Birkett, of McGill; Casselberry, of the Northwest University; Crockett, of Harvard; Duane, of Cornell; Reeve, of the University of Toronto; Richardson, of Columbian University; Beasey, of Jefferson; Casey, of the Chicago Post-Graduate School, and numbers of equally prominent men.

In view of the fact that the diseases described in this book correlate one with the other the advisability of covering this whole subject in one large volume becomes manifest, and the repetition which would necessarily be manifest in two or three works covering the whole field is eliminated in the present instance. While the authors have aimed to produce a book for the general practitioner and student, doubtless the work will also become a favorite with specialists. The illustrations are, in a large number of instances, entirely new, made possible on account of the number of authors. The colored plates not only represent the latest degree of scientific knowledge, but are works of art from the hands of the engravers. Lea Brothers are subject to congratulation on account of having added this book to their already splendid list of standard publications.

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A full announcement of the new volume will be sent to any address on request. The new subscriber for 1903 who sends $1.75 for the new volume at once will receive free all the remaining issues for 1902, including the double holiday numbers; also, the Companion calendar for 1903, lithographed in twelve colors and gold.

THE YOUTH'S COMPANION,
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The Pocket Reference Book and Visiting List.—For 30 patients a week, with Obstetric Record, cash ledger, etc. $1.00. J. H. Chambers & Co., St. Louis.

In compiling this little reference book the editor has endeavored to keep in mind the wants of the practitioner at the bed-side, and to gather together here such matters as will be most helpful in every day or occasional emergencies which he encounters. It is not the intention to supply the place of larger books of reference, but merely to aid the memory in such directions as experience has shown special need. It is believed that the arrangement of the printed matter and of the blank pages is such as to make this one of the most convenient visiting lists now offered to the profession.

A Text-Book of Materia Medica, Therapeutics and Pharmacology. By George F. Butler, Ph. G., M. D., Professor of Materia Medica and Therapeutics in the College of Physicians and Surgeons, Chicago, Medical Department of the University of Illinois, etc. Fourth edition, thoroughly revised. Handsome octavo volume of 896 pages, illustrated. Philadelphia and London: W. B. Saunders & Co., 1902. Cloth, $4.00 net; Sheep or Half Morocco, $5.00 net.

The new edition of this commendable work is offered to the profession after a careful and complete revision. The pharmacology and therapeutics of each drug have been thoroughly revised, incorporating all the recent advances made in pharmacodynamics.

In view of a larger experience, resulting in more definite conclusions, numerous modifications have been made in the expression of opinion regarding the utility of certain drugs, notably the newer synthetics. The chapters on Organotherapy, Serumtherapy, and cognate subjects have been enlarged and carefully revised.

But perhaps the most important addition is the chapter on the newer theories of electrolytic dissociation and its relation to the topic of pharmacotherapy, and the relevant discussion added of the simpler relations of chemical structure to drug action. The profession will undoubtedly greet most cordially this new fourth edition of a work supplying the student of medicine with a clear, concise, and practical text-book, adapted for permanent reference no less than for the requirements of the classroom.

Diseases of the Anus, Rectum and Pelvic Colon. By James P. Tuttle, A. M., M. D. Professor of Rectal Surgery, New York Polyclinic, etc., etc. Pp. 961; 388 Illustrations. D. Appleton & Co., New York. $6.00.

The rapidity with which the field of medicine is being divided into specialties is one of the signal characters of the times. Among the latest and most logically defensible of these is the segregation of a sub-realm of Proctology. Scarcely twenty years ago affections of the rectum were among the bugbears of medicine.

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They were chiefly to be treated with pile ointments—and as little attention as could be given and not lose your patient. Hence the astonishing prosperity of the "pile specialist" of the lay press. They were looked upon with scarcely disguised disgust by the profession as by the laity. "Call that fellow a gentleman?" said the Duke of Cambridge, when bitterly opposing the recognition of the English army surgeon as the social equal of his brother officers. "Why, he will stick his finger up your——anus, for a guinea!" But with science nothing is common or unclean. And now under her touch out of this despised group of troubles has grown up a new field of enlightenment and healing, which, in such splendid monographs as Dr. Tuttle's, is placed at the disposal of the general practitioner.

Within the past decade the field of rectal surgery has been greatly broadened and its methods changed through improved instruments, aseptic technique, and a wider knowledge of pathology. The lively interest taken by the profession in this branch of medicine and the little attention paid to it in the undergraduate school, have resulted in the establishment of special clinics for teaching and treating rectal diseases.

This book is practically the outcome of twelve years' conduct of one of the first and largest clinics of this kind. The opinions expressed herein are therefore based upon a clinical experience derived from a large number of actual cases. Such an experience teaches that no one method succeeds always, and that the practitioner should be conversant with many in order that he may have resources in reserve for all emergencies.

Much space has been devoted to examination, diagnosis and local treatment, because these are the subjects which the general practitioner needs most to know. The non-operative treatment of each disease is first described, together with the class of cases in which it will probably be useful; but when such measures are likely to prove futile the author has not hesitated to say so.

By some oversight on our part, in the review of "A Physician's Practical Gynecology," in the October issue, the name of the author was incorrectly given as "W. O. Brown," instead of W. O. Henry, of Omaha. This with apologies to Dr. Henry.

Zymocide.

Zymocide is a new antiseptic and detergent preparation. It is non-irritating, non-escharotic, non-toxic and non-poisonous. It is composed of powerful vegetable antiseptics, sulphocarbolate of zinc, thymolate of soda and essential oils.

It represents the best thought in antiseptic medication and the latest researches in chemical science and pharmaceutical skill. We believe it will be found to be the perfection of all non-poisonous antiseptics. Its formula is printed on the label that is on each bottle, and therefore it is a perfectly ethical preparation, and no physician or surgeon is doing violence to his teachings or conscience by using it.

It has been imitated but never equaled.

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PERSONALS

Oregon.

Dr. Linton is spending the winter at Seaside.

Dr. D. Y. K. Deering, of Union, Or., was in Portland recently.

Dr. August Kinney, of Astoria, was a recent Portland visitor.

Dr. Failin, of Myrtle Creek, was a recent visitor in Roseburg.

Dr. G. W. Tape, of Hot Lake, Or., was a recent Portland visitor.

Dr. A. Kershaw, of Grand Ronde, spent Thanksgiving in Portland.

Dr. William House, of Pendleton, has opened an office in Weston.

Dr. W. C. Hawk, of Jefferson, spent a short time recently in Albany.

Dr. Thomas Carr Avary, of Portland, has located at Grass Valley, Or.

Dr. Walter Bell, of Seaside, was one of Warrenton's visitors recently.

Dr. C. A. Cordiner, of Astoria, spent a few days in Portland recently.

Dr. H. E. Curry, of Baker City, spent a few days in Portland recently.

Dr. Charles Law, of St. Louis, Mo., has opened an office in North Powder, Or.

Dr. W. H. McConnell, of Clay City, Indiana, is visiting his brother, Dr. McConnell, of Baker City, Or.

Dr. E. M. Brown, of Tacoma, at the recent election, by a large majority of votes, was re-elected County Coroner.

Dr. Dittebrandt, of Milton, has completed his new residence, and he and his family have taken possession of it.

Dr. J. A. Geisendorffer, of The Dalles, was a delegate to the irrigation convention which convened in Portland.

Drs. Molitor and Smith, of La Grande, have dissolved partnership and will in the future practice independently.

Dr. Barclay, of Rossland, B. C., who has been sick of typhoid fever at the Fanny Paddock hospital, Tacoma, is convalescent.

Dr. J. W. Stephenson, of the Puyallup reservation, has been appointed physician at the Chemawa Indian training school.

Dr. Pickel, of Medford, has just completed his electrical room, and now has his X-ray machine in good working condition.

Dr. J. K. Reader, of Ashland, attended November meeting of the pension examining board, which met a few days ago in Medford.

Dr. J. A. Best, of Weston, Or., has sold his practice to Dr. House, of Pendleton, and will seek a larger field for the practice of his profession.

Dr. J. H. Spencer, of Tacoma, has gone to Chicago and New York for two or more months' post-graduate work in the eye, ear, nose, and throat clinics.

Dr. C. J. Smith, of Pendleton, recently made a flying visit to Portland. Dr. Smith will be a leading member of the next senate of the Oregon legislature.

Drs. Geisendorffer and Klebs, of The Dalles, Or., have dissolved partnership. Dr. Klebs will open an office for himself, and will continue to practice in The Dalles.

Dr. D. H. Rand has been the guest in New York of many of the leading surgeons, and has been putting in

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splendid work in that city. At the present time he is at Johns Hopkins, and will soon sail for Europe.

Dr. Wm. W. Misner, of Tacoma, will sail on "The Duke of Fife," December 18th, for Hong Kong. From there he will go to London, Paris and other great medical centers, where he will spend some months in post-graduate work.

Dr. D. S. Holton, of Merlin, Or., who was a surgeon in the Indian wars of Oregon in 1853, was an associate of the late Dr. W. H. Watkins, of Portland, in the care of the troops who at that time were following the Indians, not over roads, but through trails hither and yon throughout the Northwest wilderness. Dr. Holton's brain is still active, and his mind is stored with interesting reminiscences.

Washington.

Dr. C. E. Webb, of Republic, was a recent Spokane visitor.

Dr. C. W. Crompton, of Seattle, has located in Connel, Wash.

Dr. J. O. Gosnell, of Whatcom, Wash., is visiting friends in Astoria.

Dr. S. S. Johnson, of Walla Walla, has opened an office in Seattle, Wash.

Dr. John C. Smith, lately of Amboy, has opened an office and drug store in LaCenter, Wash.

Dr. F. H. Coe and Dr. Kibbe, of Seattle, have been ill several weeks, but they are able to be about again.

Dr. Gilchrist, U. S. Army, Vancouver, Wash., has gone to Washington, D .C., where he was ordered to attend the army medical school.

Dr. F. O. Hudnett, of Spokane, and Miss Ida Wilber, of Oak Point, Ill., were married in Spokane November 14th, at the parsonage of the First Methodist church.

Dr. J. C. Mack, a graduate of the College of Physicians and Surgeons, Chicago, and who has practised in Iowa for 15 years, has opened an office in Walla Walla.

Dr. David Wall, a pioneer of Vancouver, Wash., died in San Francisco November 3d, aged 80 years. He had conducted a drug store in Vancouver for 36 years. He had many friends.

Dr. and Mrs. T. B. Gunn, of North Yakima, Wash., have gone to Chicago, Mrs. Gunn to receive the benefit of that city's skilled surgeons, and the doctor to pursue a course of medicine in post-graduate institutions.

Dr. Harvey, of Sunnyside, Wash., is taking a post-graduate course in the Chicago School of Electro-Therapeutics. Dr. John D. Thompson, of Abeline, Illinois, will have charge of Dr. Harvey's practice during his absence.

Idaho.

Dr. R. M. Fairchild, of DeLamar, was a recent visitor in Boise.

Dr. J. A. Given, superintendent of the Blackfoot asylum, visited Boise during November.

Dr. and Mrs. C. C. Fairchild, of Placerville, have gone to Canada to remain several months. The doctor will settle up his father's estate while there.

Dr. J. Plummer is one of the few doctors of Boise who treats himself to a hunting trip. He did not succeed in bagging any very large game.

Dr. W. F. Harrington, of Wallace, has recovered sufficiently to stand the trip to Southern California, where he expects to spend the winter. Mrs. Harrington will accompany her husband.

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Montana.

Dr. Weimer, of Kendall, Mont., has located in Huxley, Iowa.

Dr. Frank D. Toms, formerly of Butte, Mont., died of apoplexy in Keyport, N. J.

Dr. D. J. Donohue, of Glendive, Mont., who was called to New Richmond, Wis., by the serious illness of his brother, has returned.

Dr. Maytum, who has been caring for a sister through a severe typhoid attack at Miles City, Mont., has returned to his home in Iowa.

Dr. H. N. Cayley, a graduate of McGill, who was shot in a rooming house, died 12 days later as a result of the shooting. He was buried October 26.

Dr. P. H. Clark, a pioneer of Montana, died October 31, at Sulphur Springs, at the advanced age of almost four score years. He left property worth some $30,000, which goes to nieces and nephews of his wife, who died a year ago.

Dr. Ignatius Donnelly, County Physician of Butte, Mont., was fined $10 for contempt of court, because he was unable to be present promptly at 2 o'clock as a witness in two examinations for insanity. The doctor paid the fine, whereupon his honor absolved him of the offense of contempt of court.

California.

Dr. Alfred E. Regensburger, of San Francisco, has removed his office to 406 Sutter street, corner Stockton.

British Columbia.

Dr. O. Morris, of Vernon, B. C., spent a short vacation in Vancouver, B. C.

Dr. White, of Fairview, B. C., recently spent a few days in Vancouver, B. C.

Colorado.

Dr. W. M. Reddick Whitehead, founder of the Medical Department of Denver University, died in that city October 14.

Severe Abdominal Symptoms Ushering in Pneumonia or Pleurisy.

That a pneumonia or a pleurisy may occasionally set in with so markedly pronounced abdominal symptoms as to mislead in the diagnosis at first is not new, but the cases reported by P. Hampeln (Zeitsch. f. klin. Med., vol. 45, Nos. 5 and 6) are unique in that three resembled at first perforative peritonitis and one intestinal obstruction. In each case operation was seriously considered until the pulmonary symptoms became more pronounced. Occasionally one meets with cases where an intestinal occlusion seems to exist, where pneumonic foci are present in the lungs and where on autopsy no real cause for the obstruction can be found, and yet everything seems to point to the abdomen as the primary seat of the disease. The possibility of a dynamic ileus with secondary involvement of the lungs must here be taken into consideration, especially since more or less consolidation is not rare with intestinal obstruction of any kind. The prominent abdominal symptoms in purely pulmonary conditions are best explained by involvement of the phrenic nerve and the diaphragm and, in accordance with this, the pneumonias always involved the lower lobe.—Medical News.

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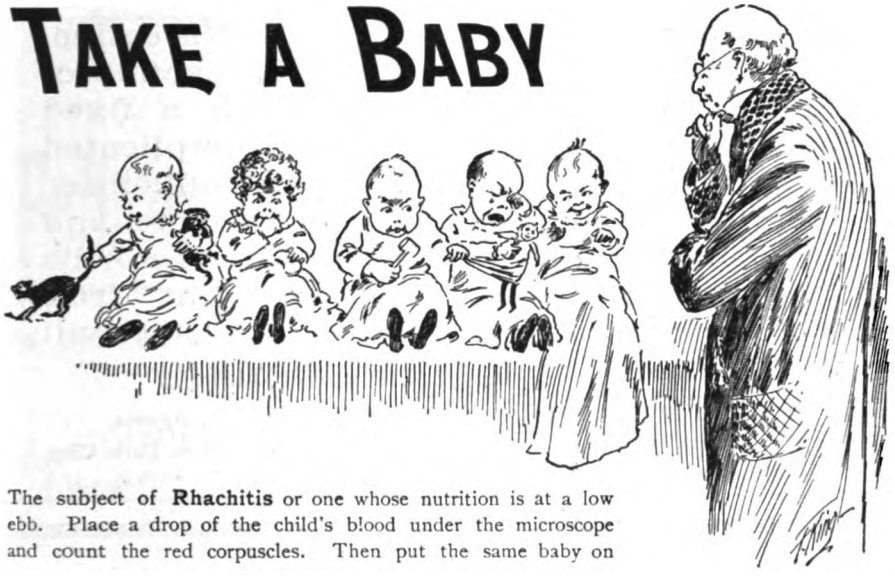
TAKE A BABY



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